



Colorado Resource Guide



For Families Raising Children
who are
Deaf or Hard of Hearing



"Someone will tell you it's time to make a choice."

"You may need to change your choice."

"Your child may change your choice."

Do It Anyway (Slam Poetry)
by LEEANNE SEAVER

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A word about terms in the Resource Guide: A variety of terms are used in this Resource Guide to describe children's hearing, from hearing loss to hearing level or hearing thresholds, deaf, hard of hearing, and hearing differences. While language is always evolving, we chose terms most clear to families *new* to the hearing journey. We hope that families and children choose to identify themselves using terms that best suit their culture and personal identity.

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Keeping Track of Contacts

As you look through the resources in this guide, you may want to use this worksheet to keep track of the different programs/services/resources you have contacted.

Organization or Program	Contact Name	Phone/Email	Questions	Visit Date	Action needed:
Websites, Podcasts, Videos, & Other Resources		Comments and Follow-up			
Parent Guide Deaf/Hard of hearing Adult Other Parents of Deaf/Hard of hearing child(ren)		Phone/Email		Comments	

AN INTRODUCTION

This Resource Guide is for you. Whether you are a parent who has just discovered your baby or older child has a hearing loss, or a professional who comes in contact with families with children of any age, this Guide was written with you in mind.

Please use it to:

- Explore choices for communication options that are presented in an unbiased way.
- Find out about services and supports available to families and professionals.
- Get information on resources for financial assistance.
- Learn about the rights of individuals who are deaf or hard of hearing and how to advocate for them.
- Discover community support systems, resources and programs.
- Connect with other families of children who are deaf or hard of hearing for support.

As you look over this packet, you may come up with questions and ideas you haven't considered before as you play your role in enhancing the quality of life for a child with a hearing difference. Decisions facing any family are theirs alone to make, with information, options and support coming from the professionals and other parents they engage. There is no one "right" way when it comes to empowering a child to succeed. His or her needs, as well as the needs of a family, will change with time, and both parent and child will learn and grow. It is very important to see this all as a work in progress. Don't be afraid to remain open to new ideas, and even change your approach if necessary. And remember, research clearly shows that a communication choice should not be solely based on the degree of hearing loss.

For families of children newly identified with hearing loss, some important first steps are follow-up care, understanding the impact of hearing loss on language and communication, understanding early intervention or ongoing support choices, and connecting to other families like yours for both peer support and a view of many possible futures.

The *Roadmap for Families interactive site* on our website, the *Loss & Found video*, and *Book of Choice* are other resources outlining important first steps. Consider joining our nonprofit for more information created by parents for parents.

Roadmap for Families: an interactive online checklist for parents. Where is your baby in the hearing screening process from birth through diagnostics to early intervention? <https://co-hv.org/roadmap-for-families/>

Loss & Found: a video explaining what to do if your baby didn't pass the newborn hearing screening; <https://handsandvoices.org/virtual-waiting-room/video.html>

The Virtual Waiting Room: created for parents raising children who are deaf/hard of hearing. Browse the information in this virtual room and learn more about the journey ahead of you! <https://handsandvoices.org/virtual-waiting-room/index.html>

<https://co-hv.org>

We do not officially endorse any of the resources/service providers listed in this publication. It is the reader's responsibility to check the validity and references of anyone listed in this Guide.

“What works for your child is what makes the choice right.”

GETTING STARTED

“YOUR CHILD HAS A HEARING LOSS...”

Some of us are completely surprised by the news that our child has a hearing difference, and some of us have suspected an issue and may have even requested testing. Either way, the first time an audiologist says “your child has a hearing loss,” those words may come as a shock to you. Most people do not know much about hearing loss. As the professional who delivered this news talked further, you may not have heard much of what he or she was saying. In your mind, questions may have started to churn:



“What caused it? Can it be corrected?”

“Will it get better?”

“Will it get worse?”

“Can she learn to talk?”

“Can he go to our neighborhood school with his sister?”

“If we have more children, will they be deaf, too?”

“Can my child learn to drive?”

“Will she be able to get a job?”

The answers you get to some of these questions may not be what you want to hear; “No, this type of hearing loss cannot be medically or surgically corrected.” Or “we don't know for sure what your child's future holds--it depends on many things.” You want the best for your child, you want to be the best parent, and now you are not sure where to begin.

In the days and weeks following this news, you may feel like you are on a roller coaster. Your feelings may swing from worry to hope, from sadness to anger to optimism, from feeling incompetent and isolated to feeling confident. As you carry out your daily routines--finishing a chore or arriving at a destination--you may realize that your mind was somewhere else, thinking about your child and what you should do next. You may find within yourself unexpected sources of strength to move forward doing what has to be done until you know what you need to know, even while the roller coaster continues. Your extended family may feel similarly.

There are two parts to this journey. For most of us, the journey begins in the medical world. The professionals who evaluate your child's hearing will have recommendations for you, such as:

1. to see an ear specialist (a pediatric audiologist)
2. meet with early intervention professionals, and/or
3. learn about building language.

As you follow up with any recommendations, you will meet more people who can help answer your questions. Sometimes, the information given and opinions expressed lead to more questions. You may wonder why there are so many strong opinions in this new world!

The second part of the journey may be more complex and layered. You will be learning about how your child communicates, about their unique gifts, and more about language than you ever knew before, and about a culture and community you may not have realized existed. You can connect with parents of other children with all types of hearing levels, and meet deaf or hard of hearing adults who can share their unique perspectives whether your child is newly identified or much further down the path. There is so much more to this journey than the first medical

introduction!

Give yourself the time you need to explore what works for your child and family in the days, months, and years ahead. There are very few decisions you will make that you cannot change as you learn more.

There are no ‘wrong’ questions. Ask away!

WHO CAN HELP?

You will meet new people as a result of your child’s hearing loss.

Here is a brief description of ways in which each of these people may be of help to you.

PEDIATRIC AUDIOLOGIST

The audiologist can help by:

- Having the appropriate pediatric knowledge, equipment and skills to test the hearing of infants and toddlers. (Ask about pediatric certification.)
- Obtaining complete information about your child's hearing in each ear at a range of frequencies and educating you about the testing, hearing, and amplification choices if appropriate and desired.
- Carrying out Otoacoustic Emissions (OAE), Auditory Brainstem Response (ABR) testing, real ear measurements for hearing aids if needed, and other tests as indicated.
- Discussing appropriate amplification with the family.
 - Keeping your child equipped with well-fitting earmolds if applicable.
 - Testing your child while wearing amplification and considering parents’ observations about the child’s behavior and listening at home.
 - Helping your child learn to use amplification if applicable.
 - Helping to make sure amplification is working properly, teaching you how to make sure equipment is working properly and how to troubleshoot common issues.
 - Keeping records of your child’s progress in acquisition of listening skills.
- Working in partnership with you and early intervention specialists to monitor and maintain your child's amplification systems (hearing aids, FM systems, cochlear implants and more).
 - Referring you to early intervention, support or assistance with funding as needed.
 - Updating testing results in the secure database at the Colorado Department of Health and Environment as part of the Early Hearing Detection and Intervention state program.

COLORADO HEARING RESOURCE (CO-HEAR) COORDINATOR

(An Outreach Program of the Colorado School for the Deaf and the Blind)

A CO-Hear, or a professional with a Master’s degree in Deaf Education, Audiology, or Speech-Language Pathology and experience with babies and toddlers who have hearing loss can help by:

- Making initial in-home visits, introducing families to local resources, answering questions about hearing loss, exploring communication options, and explaining the process of early intervention and family support.
- Beginning to discuss and demonstrate communication options.
- Offering emotional support.
- Providing assistance in securing funding for intervention services and amplification.
- Providing Service Coordination in Early Intervention.
- Sharing printed materials and videos are shared with families.
- Supporting families at the Individual Family Service Plan (IFSP) meetings.
- Consulting with you and your school district for transition to school-age services for your child.
- Connecting to other resources within the community, especially for children over age three.
- Connecting to the statewide parent group, Colorado Hands & Voices (birth to 18 years).

See more information on page 25-27



Teens (and a hearing sibling!) at a H&V event

EARLY INTERVENTION SPECIALIST (FOR DEAF/HARD OF HEARING INFANTS & TODDLERS)

This Specialist can help by:

- Describing the services offered through early intervention and costs, if any, associated with services.
- Describing how family members can be involved in early intervention services: defining your roles in early intervention and their expectations about your family's participation.
- Answering, when possible, your questions about how your child's hearing loss will affect his ability to learn, to communicate, and to participate in school and society.
- Discussing with you how both your child's strengths and needs and your family's strengths and needs will be assessed and when these assessments will take place.
- Explaining the frequency, plan, progress, and length of services.
- Describing the curriculum that will promote your child's growth in listening and/or communication skills.
- Describing how you and other caregivers will be given opportunities to acquire information and skills that help promote your child's development of listening and/or communication/language skills.
- Listening to your observations and concerns about your child and discussing these with you.
- Working with the audiologist to help your child learn to use amplification and make sure the child's equipment functions properly.
- Keeping records of your child's progress in acquisition of language skills.
- Providing you and your child with high quality, individualized early intervention (EI) services that lead to your child acquiring language, communication, and/or listening skills through the Individual Family Service Plan or other treatment plan with your agreement.
- Working with you to define your child's educational needs upon "graduation" from EI services.
- Professionals may be contracted through the Colorado Home Intervention Program (CHIP) as Parent Facilitators, or work privately in your community.



PEDIATRICIAN/FAMILY PRACTITIONER/MEDICAL HOME

Your child's primary care physician can help by:

- Providing you a partnership for comprehensive health services for your child.
- Referring you to an audiologist skilled in testing the hearing of infants and toddlers when you express concern about your child's hearing.
- Referring to other specialists as needed (Otolologist, Ear Nose and Throat Specialist (ENT), Genetic Counseling or testing, etc.)
- Helping you with information related to medical conditions rarely associated with hearing loss, if needed.
- Confirming the need for prompt early intervention once your child has been identified with hearing loss.
- Putting you in touch with early intervention programs.
- Treating your child - or referring to ear specialists - when your child has middle ear disease that increases his/her degree of hearing loss.

OTOLOGIST, OTOLARYNGOLOGIST OR EAR, NOSE, THROAT (ENT) PHYSICIAN

This physician can help by:

- Confirming that there is not a medically treatable condition in your child's outer ear or middle ear that is causing the hearing loss.
- Answering your questions about medical or surgical treatment of different types of hearing loss.
- Scheduling further procedures (i.e. urinalysis, CT scan) to rule out other causes of the hearing loss.
- Signing a form authorizing use of amplification (required by law in some states before hearing aids or other devices can be fit on a child).
- Placing ventilation, or PE, tubes in your child's eardrums if he has chronic middle ear disease that is not resolved by antibiotics in a timely way.

COLORADO HANDS & VOICES PARENT GUIDE

The *Guide by Your Side Program* connects families who just learned about their child's hearing loss regardless of age (or is experiencing some change in their child's situation) with an experienced parent of a deaf or hard of hearing child. The Parent Guide has gone through specific training to support other parents. Some Guides are

regional, and others may have specialized knowledge of a particular condition, language, or location.

The Parent Guide can help by:

- Establishing a supportive relationship with an experienced parent or parents of children who are deaf/hard of hearing.
- Sharing insights into the unique needs of babies and children who are deaf or hard of hearing, birth to 21 years of age.
- Providing non-biased information regarding communication options, school choices, and more.
- Answering questions or linking parents to other knowledgeable and reliable resources and people available locally, regionally, statewide or nationally on a wide variety of topics.
- Supporting your family at the time of identification, transition to preschool or at any transition through the time your child turns 18. (Special education can continue to 21 years of age if needed.)
- Introducing parents to other parent support opportunities, community information and occasional events, a regularly emailed newsletter, and a quarterly print newspaper available to families of a deaf/hard of hearing child in Colorado.

We were so relieved to talk to our Parent Guide.

She made her family's life with hearing loss seem so normal. She had a good sense about the unspoken questions we had.

An Aurora Parent

Enrolling in the Guide-By-Your-Side Program is easy, confidential and free.

Contact the GBYS program at 720-598-COHV (voice or text), [gbys@co-](mailto:gbys@cohandsandvoices.org)

[hv.orgmailto:gbys@cohandsandvoices.org](mailto:gbys@cohandsandvoices.org)

or go to <https://co-hv.org>

DEAF/HARD OF HEARING ADULT GUIDES, MENTORS, ROLE MODELS

Deaf and hard of hearing adults can help by:

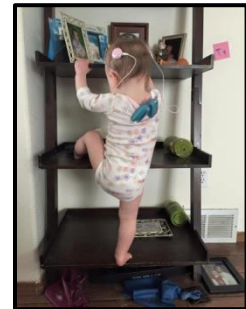
- Sharing personal experiences and information from a Deaf or hard of hearing perspective.
- Sharing educational, social, and cultural experiences and perspectives.
- Modeling different modes of communication.
- Acting as a role model for the parents and D/HH child.
- Enlightening parents about the experience of growing up with or acquiring a hearing loss.
- Bringing hope and practical ideas to families about creating more access to communication and success.

For information about making connections with an established mentoring program, see the Ascent Program through the Colorado School for the Deaf and the Blind (CSDB) later in this Guide.

OTHER PARENTS OF DEAF OR HARD OF HEARING CHILDREN

Parents in your community (and sometimes online communities) can help by:

- Sharing experiences they have had with professionals and early intervention programs.
- Sharing community information from their own experience.
- Sharing what they know about hearing loss and from their child's experience.
- Sharing with you how their knowledge and their child's experiences have changed over time.
- Telling you about their child's achievements.
- Connecting with you and your child (so your kids can play together). (See Guide by Your Side section above.)



LANGUAGE AND COMMUNICATION

Communicating with your child is of the utmost importance! Two-way communication (responding to your child and encouraging your child to respond to you) is the key to your child's full language development. There are different ways to communicate and different philosophies about communication. As you think about how your

family communicates now with your child and how you would like to communicate with him or her in the future, you are thinking about the communication methodology/mode issue.

Have an open mind about all communication modes, ask questions, talk to adults who are Deaf or hard of hearing and other families raising children who are deaf or hard of hearing. Discuss, read, and obtain as much information you can about the various methods while your child is growing. Regular assessments through early intervention and beyond will help you decide if your child is meeting language and communication milestones with the choices you are making and help you know if an adjustment might be needed. You will find that your child shows a preference to one or more options as he or she grows, and that should guide your thinking, too.

FACTORS TO CONSIDER

Consider the following factors when thinking about a communication option:

- Will the communication mode enable all your family to communicate with your child?
- Do you feel comfortable with the amount of information you have received about all the modes/methods of communication? Have you talked to a variety of people and heard a variety of perspectives on each choice?
- Is the communication option in the best interest of your child? Does it allow your child to have influence over his/her environment, discuss his/her feelings and concerns, and participate in the world of imagination and abstract thought?
- Does the communication option enhance your relationships with each other as a family? It should promote enjoyable, meaningful communication among all family members and enable your child to feel part of your family and know what is going on.
- Has information about communication choices been delivered to you in a nonbiased manner? Are you looking at your choice(s) of communication in terms of what will be best for your child and family, and not what someone has promised you or your preconceived ideas about a certain method?

Parents of older children find that communication modes shift as they grow and develop their own communication preferences. Older children and adults also shift modes quickly in response to changing environments. You may find you are considering and/or using a variety of choices as time goes on!



COMMUNICATION CHOICES

These are discussed briefly one at a time, but of course families and a given child may use more than one option.

AMERICAN SIGN LANGUAGE (ASL)

American Sign Language (ASL) is a fully developed visual language with distinct grammar, structure, and art forms, such as poetry. Signed languages can perform the same range of functions as a spoken language. “Listeners” use their eyes instead of their ears to process linguistic information. “Speakers” use their hands, arms, eyes, face, head, and body. These movements and shapes function as the “word” and “intonation” of the language. If parents are not deaf, intensive ASL training is necessary in order for the family to become proficient in the language.

AUDITORY-ORAL (NOT A TERM USED FREQUENTLY TODAY)

This method of teaching spoken language stresses the use of hearing aids or other equipment to amplify hearing and focuses on listening, speech and oral language development. Also, an emphasis is placed on visual clues from the speaker’s face or body language, natural gestures and speechreading to aid in understanding. Tactile methods such as placing fingertips on the throat while talking may also be used to encourage the child to *feel* the sounds of speech. Like all methods, parents need to be highly involved with child’s teacher and/or therapists to carry over training activities to the home and create an optimal language learning environment.

LISTENING AND SPOKEN LANGUAGE

The goal of this method is to develop listening (auditory) and speaking (verbal) skills. It emphasizes teaching the child to use his or her residual (or available) hearing and improving listening abilities with devices such as hearing aids or cochlear implants to the fullest extent possible. A high degree of parent involvement is necessary as parents

learn methods to integrate listening and language throughout daily routines. *Auditory-Verbal Therapy* is an approach focused on the development of listening and speaking skills emphasizing the use of amplification (such as hearing aids or cochlear implants) to the fullest extent possible without visual supports during therapy. Auditory skill development increases in complexity as a child learns to attach meaning to what they hear with equipment.

CUED LANGUAGE

This system is designed to clarify speech or lip-reading by using simple hand movements (cues) around the face to indicate the exact pronunciation of any spoken word. Since many spoken words look exactly alike on the mouth (e.g., pan, man), cues allow the child to see the difference between them. Most people can learn the system from experienced instructors in a day or two, and with daily practice, can attain fluency in a matter of months.

SIMULTANEOUS COMMUNICATION (SIM-COM)

Simultaneous communication occurs when a person uses sign language and spoken English at the same time. The signs used may be an exact match to the spoken message as in **Signing Exact English**, a sign system invented by Deaf adults and educators based on American Sign Language. Affixes, plurals and pronouns were invented to add to ASL signs with the intention to assist in reading and writing English.

Similarly, a person may sign some, but not all, of the words in the spoken message with American Sign Language in English word order, called **Pidgin Signed English**. For both, words are signed and spoken together. Parents using these methods consistently sign while they speak to their child.

TOTAL COMMUNICATION (TC):

The term Total Communication was first defined as a philosophy which included use of all modes of communication (i.e., Speech, sign language, auditory training, speechreading and finger spelling). Today, the term Total Communication is commonly interpreted as Simultaneous Communication (signing while talking) or “using everything.” Parents are cautioned to have programs clarify the term when used by schools. Visiting in person is always preferred.

COMMUNICATION CHOICES: FREQUENTLY ASKED QUESTIONS

IS AMERICAN SIGN LANGUAGE A TRUE LANGUAGE? IS IT “UNIVERSAL?”

Many people mistakenly believe that American Sign Language (ASL) is English conveyed through signs. Some think that it is a manual code for English, that it can express only concrete information, or that there is only one universal sign language used by Deaf people around the world. It is not a form of English. It has its own grammatical structure, which must be mastered in the same way as the grammar of any other language. ASL is capable of conveying subtle, complex, and abstract ideas. Signers can discuss philosophy, literature, or politics as well as football, cars, or income taxes. Sign language can express poetry and can communicate humor, wit, and satire. As in other languages, the community in response to cultural and technological change is constantly introducing new vocabulary. ASL is not universal. Just as hearing people in different countries speak different languages, Deaf people around the world sign different languages. Deaf people in Mexico use a different sign language from that used in the U.S. Because of historical circumstances, contemporary ASL is more like French Sign Language than like British Sign Language. There are also regional “accents” that you will discover in this living language.

WHAT DOES THE RESEARCH SAY ABOUT COMMUNICATION METHODS? HAS RESEARCH PROVEN THAT ONE METHOD IS BETTER THAN ANOTHER?

No one method of communication has been scientifically proven to be best for *ALL* deaf and hard of hearing children. In a Research Synthesis of Language Development in Children who are Deaf by Marc Marschark, Ph.D. (2001), over 150 research studies were examined, and found this conclusion: “...the most frustrating finding concerning language development of children who are deaf is the fact the researchers have not yet found THE approach that supports development across the domains of social functioning, educational achievement, and literacy. A single such approach is unlikely...” Research studies on language development and mode of communication for deaf children can be of use to parents and professionals in understanding language development, the importance of early intervention, mother-child bonding and other factors regardless of the mode of the communication the child is using. All communication methods take effort on the part of parents and children, and the end goal is a full, rich

language that the child can use to express fully thoughts, dreams and ideas with others.

DOES A COMMUNICATION CHOICE STICK WITH MY CHILD FOR LIFE?

Decisions about communication mode are not irreversible. In fact, it is very important for families to remain flexible and open-minded about their choices in communication. The needs of the child and family may change over time. Up to 40% of children with hearing loss may have a learning disability or developmental delay in addition to hearing loss, and sometimes challenges are not evident until a child grows out of the newborn period. As families gain further information and knowledge about deafness and their child's hearing loss and particular strengths, the choice of communication may be modified or reconsidered. A child's progress should be monitored through objective assessments (see assessment section in this guide) in order for parents to understand their child's growth in language development. Expect a month's growth in a month's time unless unique circumstances are in place. Sometimes a child chooses differently or adds choices parents didn't adopt as they grow older.

WHAT OTHER CONSIDERATIONS DO I NEED TO THINK ABOUT WHEN LOOKING AT COMMUNICATION OPTIONS FOR MY CHILD?

How will your communication decision impact your child's future, his/her education, and social life? What is available in your area and accessible to your family? What are some of the other things you should be considering?

Most professionals assured us that our daughter was a great fit for the communication method she seemed to gravitate to as a toddler. She thrived throughout school. However, both her hearing and communication needs changed when she was in college and trying to enter the work world. Both she and we, as her parents, were unprepared for that possibility. I wish we had stayed in touch with parents of older kids so we would have had a better idea of what to expect from a larger variety of other stories. Thankfully, she's doing much better now!

Highlands Ranch parent

For additional resources on communication considerations, please see:

- The Hands & Voices Communication Considerations A-Z at: <https://handsandvoices.org/comcon/index.html>
- The *Book of Choice*, Hands & Voices (available on the website)
- The CDC Decision Guide to Communication Choices at: <https://www.cdc.gov/ncbddd/hearingloss/freematerials.html>
- NCHAM Parent Communication Guide IFSP or the Deaf Child's Bill of Rights <https://www.cdc.gov/ncbddd/hearingloss/freematerials/planforyourchild.pdf>
- Articles in *The Hands & Voices Communicator* newspaper by Deaf/hard of hearing adults and teens as well as parents
- The index of statewide and national resources in this Guide.

HEARING AIDS AND OTHER TECHNOLOGY: FREQUENTLY ASKED QUESTIONS

HEARING AIDS ON CHILDREN?

Most newborns have their hearing screened at birth. Once identified with a hearing loss, babies can be fitted with hearing aids if indicated by the time they are 4-6 weeks old. Research tells us that fitting a hearing aid as soon as possible helps to minimize the effect of the hearing loss on language development. Ideally, a baby whose parents choose hearing aids will be fit before three months of age and no later than six months of age. If your child is older, you may worry about whether or not they will accept the aid. Many kids recognize how much information they have been missing and ask for their hearing aids to be put on much sooner than you might think.

WHAT IS A HEARING AID?

A hearing aid is a device for the ear that makes sounds louder and is programmed to meet the range of a particular hearing loss. The goal is to provide the ability to hear soft, medium and loud speech and environmental sounds.

WHAT HEARING AID IS BEST?

The child's audiologist should share amplification options with parents after consideration of the infant or child's individual needs, including the characteristics of the hearing loss, and the child's unique situation (available technology, financial concerns, ease of use, and family preferences).

Hearing aids are prescribed to assure the best possible fit with the information available and set very conservatively at first. Hearing aids will be adjusted over time as more is learned about how the child responds to sound. The audiologist will perform tests with the hearing aids on your child to confirm how well they are working. Tests will include behavioral testing in the sound booth once a child has good head and trunk control (for turning to sound). Real ear testing, an objective measure of the amount of amplification the child is receiving in their ear that varies with the size of the ear canal and even the earmold, is also critical for children using hearing aids.

The child's physician will provide a medical clearance statement to permit the fitting of hearing aids on a child in compliance with the FDA (Food & Drug Administration) requirements.

MORE ABOUT HEARING AIDS FOR CHILDREN

Hearing aid styles differ by how they are worn on the ear.

BEHIND-THE-EAR (BTE): Hearing aids are positioned behind the ear and coupled to the ear with a custom fitted earmold. BTE hearing aids are utilized for infants and young children due to the following features:



- BTE earmolds are made from soft materials, which are more comfortable and less easily broken for babies and kids.
- Earmolds fit in the ear itself, and are replaced frequently as the child's ears grow. The hearing aid itself lasts 3-5 years for children.
- BTE hearing aids are often more reliable and less easily damaged.
- BTE hearing aids are easily connected to an assistive listening device for hearing better in noise.
- BTE hearing aids and earmolds are available in a wide array of colors and with accessories designed specifically for children.
- Some are rechargeable and some use batteries with locked doors to keep kids safe from swallowing
- Be sure to keep hearing aids in the dry box at night and away from dogs in particular. For some reason, they love to chew on hearing aids and earmolds!



IN-THE-EAR (ITE): Completely in-the-ear hearing aid styles may be available to older children and adults.

HOW DOES A HEARING AID WORK?

Sounds are picked up by a microphone and carried to a digital signal processor (amplifier) where they are made louder. Sounds are also shaped to match the hearing loss characteristics such as frequency (pitch) and intensity (loudness). The sound is then sent through the receiver and delivered by the earmold into the middle and inner ear.

Digital Signal Processing: Modern hearing aids use digital circuitry; these circuits use an internal microprocessor to convert the sound to numbers according to a mathematical formula called an algorithm. The algorithm is sensitive to changes in speech and environmental noises. Additionally, hearing aids have numerous amplifier channels. This advanced processing technology allows the hearing aid to be programmed with the specific amount of amplification needed for the different frequencies. Hearing aids can have several programs for different listening environments. They are able to switch automatically to accommodate for changes in background noise, making soft sounds more accessible and loud sounds more comfortable.

Earmold: Custom made, seals the ear to prevent sound leakage which then causes feedback (whistling).

Tubing: Soft, flexible; connects the earmold to the hearing aid; securely attached to the earmold and detachable from the earhook; replaceable if torn, hard, cracked or too short.

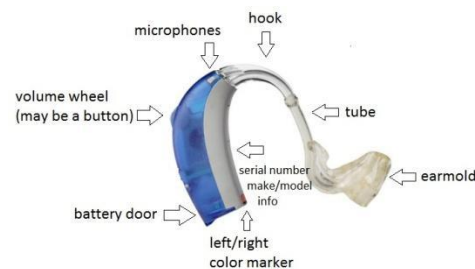
Earhook: Curved, hard plastic; supports the hearing aid on top of the ear; protects the receiver and channels sound to the earmold. May have a filter to further shape the sound for the hearing loss.

Receiver: Sound speaker inside the hearing aid that opens into the ear hook.

Microphone: Collects sound for amplification through a small opening in the hearing aid case.

Internal Adjustment Controls or Computer Cable

Connector Port: Accessed by the audiologist to modify the hearing aid sound response.



Switch: Usually 0 = Off, T = Telephone or FM System, M = Microphone, M/T Mic/telephone

Volume Control: Often a numbered wheel that changes the loudness of the sound: the smaller the number, the lower (softer) the volume. There may also be a remote option. Your audiologist can disable the volume control for a young child who doesn't have the skills to manage their own volume yet.

Battery Door: Batteries must be changed regularly unless aids are rechargeable. For older children and adults, opening the door will disconnect the zinc air battery and turn off the hearing aid. Tamper resistant doors are recommended for young children. Batteries are toxic and dangerous if swallowed. Tip: Let the air circulate after removing the "new" sticker, which activates the battery. Wait a minute or two before inserting to increase battery life. Don't have a battery life indicator? Batteries that "bounce" when dropped on the table top are still good.

IF A HEARING AID ISN'T HELPFUL, ARE THERE OTHER TYPES OF TECHNOLOGY AVAILABLE?

Some children have a different kind of hearing loss, called conductive hearing loss. These children may benefit from a different kind of device that transmits sound through the cranial bones instead of through the middle ear. These digital sound processors are available on a soft band/headband for younger children and with a surgical procedure for children at least 5 years of age. Such a hearing device is called an osseointegrated auditory processor – or more commonly called a bone anchored sound processor. These are available on a soft band (headband) for younger children and can later be used with a surgically implanted abutment for children who are at least 5 years of age.

***One of the potential conditions for which a bone anchored sound processor might be recommended is Microtia/Atresia. Please see the terms and definitions to learn more about Microtia and contact one of Hands & Voices Statewide Unilateral Parent Guides at <https://co-hv.org/gbys/statewide/>**

DO HEARING AIDS CORRECT HEARING?

ALL hearing aids and hearing devices have limitations. Hearing aids do not "cure" a hearing loss.

They cannot amplify (make louder) *all* high and low sounds, (also called frequencies). They cannot make sounds clearer if the inner ear (cochlea) is damaged. A child will have a learning curve using hearing aids. The ability to understand speech in background noise and to ignore sounds that aren't so important (ceiling fans, background music, washing machines) improves with practice.

Unlike glasses, which can correct vision (as long as you are looking through them) hearing aids do not correct hearing. If your goal is to help your child develop abilities to listen and use speech, hearing aids can make listening possible, and is a key element in enhancing your child's language development the more they are used in communication. If you decide that hearing aids will be a choice you make for your child, the more you learn about hearing through hearing aids, language development, and learning, the more support you can give your child in those important early years.

WHAT ABOUT COCHLEAR IMPLANTS?

The cochlear implant or CI is an electronic device surgically implanted in the cochlea of the inner ear. The cochlear implant's electronic array transmits auditory information from the cochlea via the auditory nerve to the brain; bypassing the damage in the inner ear. In this way, the cochlear implant receives sound through the external microphone and changes sound to electrical signals that stimulate the auditory nerve, allowing the implant user to perceive sounds. Hearing is electronic, and ongoing support and mapping appointments are needed to ensure good access. A child using a CI is hearing "electronically", not the same as typical hearing or using a hearing aid.

To be eligible for a CI, children or adults typically have moderate/severe to profound hearing loss and do not understand speech well with hearing aids. They may have had a progressive (worsening) hearing loss or became deaf/hard of hearing later in life. The recommendation for bilateral implants (both ears) is typical due to research showing the benefits of binaural hearing (hearing with both ears). A CI can be used in one ear with a hearing aid for the other, too. Cochlear implants were recently approved by the FDA for unilateral or one-sided loss.

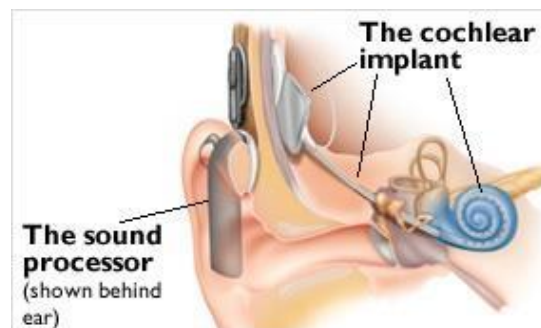
The FDA has approved CIs for children who meet eligibility criteria at 12 months of age. The CI wearer requires training, called auditory habilitation or rehabilitation, to attach meaning to sounds and progress in their understanding. Successful CI users gain useful hearing and improved communication abilities, can often understand people on the phone and over the internet/radio. Despite progress in technology, it is important to note that cochlear implants are not a "cure" for hearing loss, and like any surgical procedure, cochlear implant surgery is not without risk and does require a commitment from the family for best outcomes.

Family decisions surrounding cochlear implantation, devices, and implant can be difficult. There is much to consider and the amount of information available can be overwhelming. Connecting with other families and deaf/hard of hearing adults who have chosen/not chosen implants is often helpful in this process. Internet resources are informative, but take care to ensure sites are reliable and factual. Online communities of parents and CI users can be rich in experience and support. Parents will find diverse views on this topic!

CI manufacturers available in the U.S are listed below along with other helpful sites and articles. Manufacturer sites are important sources of specific information regarding devices, but be aware that these sites market devices.

The cochlear implant generally has two basic pieces:

- The sound processor is outside the body. It picks up sounds, processes them, and sends signals to the implanted device through an external magnet. It is also attached to an earhook or to clothing/headband or directly to the magnet shown above the ear.
- The implant is invisible, placed within the cochlea behind the ear under the skin during surgery. It receives signals and sends them to the hearing nerves, bypassing any damaged systems in the middle and inner ear.



LEARN MORE ABOUT COCHLEAR IMPLANTS

Information regarding candidacy, technology, surgery, risks, and rehabilitation:

NIDCD (National Institute on Deafness and Other Communicative Disorders) **Error! Hyperlink reference not valid.** <https://www.nidcd.nih.gov/health/cochlear-implants><http://www.nidcd.nih.gov/health/hearing/coch.asp>
<http://www.nidcd.nih.gov/health/hearing/coch.asp>

Things to consider when selecting a cochlear implant center:

<http://agbell.org/NetCommunity/Page.aspx?pid=725>

Cochlear implant repair and warranty information:

http://www.handsandvoices.org/articles/tech/V13_4-warranty.htm

Book of Choice article:

<http://www.handsandvoices.org/comcon/articles/cochlearimplants.htm><http://www.handsandvoices.org/comcon/articles/cochlearimplants.htm>

<http://www.handsandvoices.org/comcon/articles/cochlearimplants.htm>

Information about meningitis risks and the recommended vaccine schedule for children with cochlear implants: <http://www.entnet.org/HealthInformation/Cochlear-Meningitis-Vaccination.cfm>

<http://www.entnet.org/HealthInformation/Cochlear-Meningitis-Vaccination.cfm>

<http://www.entnet.org/HealthInformation/Cochlear-Meningitis-Vaccination.cfm>

CI Manufacturers: All have online communities of users, information about devices, how to contact representatives for questions, resources for auditory training, and more.

Cochlear Corporation: <http://www.cochlearamericas.com> and Cochlear Town

Advanced Bionics: <http://www.advancedbionics.com> and Hearing Journey

MED-EL: <http://www.medel.com/us> and Hearing Peers

Sampling of Family Stories:

<https://co-hv.org/gbys/parent-stories/liesel-thomas/>

<https://co-hv.org/uncategorized/changed-by-maddie-a-late-id-love-story/>

<https://co-hv.org/uncategorized/finding-our-way-nathan-and-our-new-life/>

<https://co-hv.org/?s=cochlear-implant> Child with CMV and his story

<https://co-hv.org/uncategorized/richter-family-story-late-id-and-early-intervention/>

Enter “cochlear implant” in the search box at <https://handsandvoices.org> for more or contact your regional Parent Guide at <https://co-hv.org/>

Online communities of parents of children with cochlear implants:

<https://www.facebook.com/groups/2339174952/> (Parents of Children with Cochlear Implants)

<https://www.facebook.com/groups/COHandsandVoices> (CO H&V family discussion group)

Colorado Cochlear Implant Support Group (adults and kids)

Online communities of parents of children with cochlear implants:

<http://www.cicircle.org/><http://www.cicircle.org/>

www.listen-up.org/ci/ci-support.htm<http://www.listen-up.org/ci/ci-support.htm>

<https://www.facebook.com/groups/2339174952/> (Parents of Children with Cochlear Implants)

<https://www.facebook.com/groups/COHandsandVoices>

Colorado Cochlear Implant Support Group (adults and kids)

WHAT ABOUT OTHER TECHNOLOGY? CAPTIONS, LOOPS AND EMERGENCIES

There are other devices and resources you may find helpful for your child now or in the future.

Closed Captioning: Captioning is available in schools, theaters, and other public places. For televisions, captioning viewing capability is built into those built after 1997. Many families turn captioning on as soon as they know their child will be watching television, and research shows that captioning helps with literacy.

Captioning Access in Real Time or CART services are similar to court reporting services, displaying the text of spoken communication for people who are deaf or hard of hearing. Caption Colorado, Visible Voices and Virtual VRI are just three companies who provide captioning for meetings, schools, and events. Relay Colorado provides captioning at no cost in some circumstances.

Captioning in theaters with at least 200 seats and some other public events, is possible through requesting a captioned device at the theater, such as these: (Google glasses and Captiview device, shown below.)

On-screen captions are also shown in many theaters. We hope to see all movies using on-screen captions so all people have better access all of the time.



Hearing loops: This is technology allowing hearing aid users to listen within a physical wired loop that amplifies sound in a particular area, like a library check-out area or a public meeting room or church. Hearing aids must have a T-coil option (and most do.) See Terms and Definitions and Colorado Resources for more information.

FM System: A hearing assistance device that transmits the speaker's voice via a frequency modulated signal using radio waves to an electronic receiver worn by the listener. The receiver may be in a hearing aid, earphones or ear buds, or a speaker. The device reduces the problem of background noise interference and the problem of distance from the speaker.



Wireless listening system: Similar to an FM, a DM (digital modulation) wireless system (the Phonak brand *Roger* is one example) allows for streaming and a directional external microphone to assist a child with listening in noise and at a distance from the speaker or speakers. These transmit by Bluetooth connectivity directly to the hearing aid or cochlear implant processor without a wire connection. Also, can be referred to as a *remote microphone* or a *Remote Microphone Assistive Technology (RMHAT)*.

Sound Field System: Hearing assistance technology that amplifies the speaker's voice to the audience, usually within a classroom. The system includes a microphone worn by the speaker and strategically placed speakers. These systems are beneficial to all listeners but is not customizable for the child with hearing loss like the wireless or FM option.

Phone systems: Accessible telephone use is part of the Americans with Disabilities Act. Your child is eligible for these items and services that best fit their needs, below. Cell phones also have many options now for captioning/video calls, etc.

Captioning phone systems: These phones are available at no charge to those with hearing loss and provide a confidential captioning service for a person who has difficulty hearing over the phone but uses speech to communicate over the telephone. (See Colorado Relay, Captel or Innocaption for two ideas.)

Video Relay Services: Video Phone or VP: Video Relay Service (VRS) is a communication technology that allows people who use sign language to communicate with each other directly over a high-speed internet connection and a computer or camera. See dictionary for more information. With Voice Carry Over, (VCO) a child can speak to the caller but use video to understand the message through sign language if more appropriate.

Text to 911 is available for emergencies in many areas of Colorado, but not yet all. Real-time texting is just becoming available on cell phones. If texting to 911 is not available, callers will get an automatic notification.

Wearable Technology: Children can benefit just like adults from wearable equipment (watches, fitness trackers) that allow for vibration timer/alarm systems and distance communication.

Door alarms/fire alarms: These systems with flashing lights and/or louder sounds are also available for purchase from online sources like [ADCO Hearing](#) in Colorado and [Harris Communications](#), among others. Even for young children, having an alarm clock or other alerting technology they can use adds to their independence.

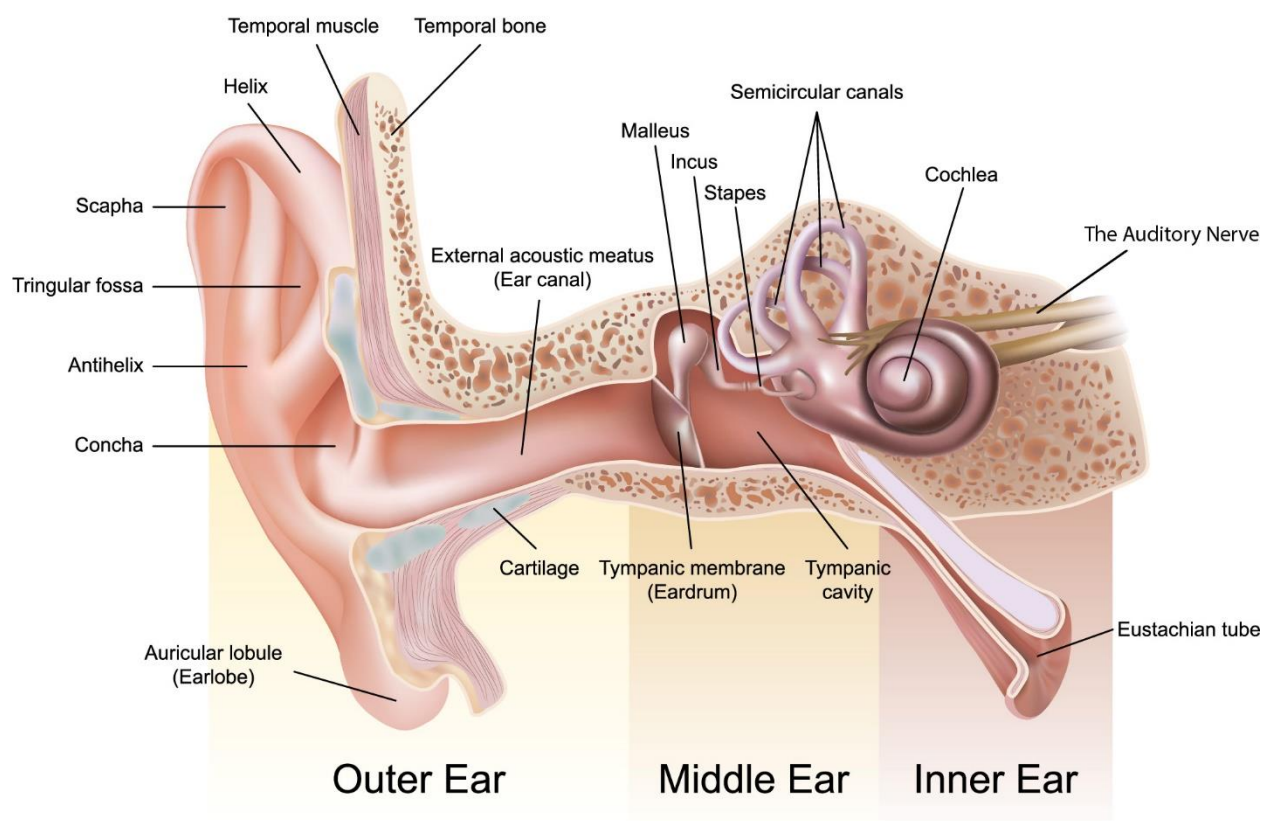
Technology becomes available faster than any written resource guide can track. There are many more sources for apps that will help your child understand lyrics of songs, caption live conversations, and more. Your child's educational audiologist, a variety of Deaf and hard of hearing websites and blogs, and Parent Guides can be a good source of information as your child grows. The Colorado Commission for Deaf, Hard of hearing and Deafblind has technology consultant to assist. (See page 40.)

QUESTIONS YOU MIGHT WANT TO ASK AN AUDIOLOGIST OR CO-HEAR:

For your own processing, you might want to think about questions you have for the pediatric audiologist or the CO-Hear as you attend appointments with your child. Here are some common questions parents have:

- Is the loss permanent?
- Does my child need more testing?
- How often should my child's hearing be tested?
- Can you tell if my child's hearing loss will get worse or change over time?
- Do both ears have the same hearing loss?
- How will the hearing loss affect my child's speech and language development?
- What could have caused my child's hearing loss? (Also, a question for physicians.)
- Would you suggest genetic counseling for our family?
- May I have copy of the hearing test results?
- How much do hearing aids or a cochlear implants cost? Is there any help to pay for hearing aids or help me with temporary loaner aids?
- What will my child hear with the hearing aids/cochlear implant?
- How often will my child need new hearing aids? What parts need replacing or cleaning?
- How do I get connected to early intervention?
- What are my options for equipment if I choose to use some kind of amplification?
- Can you connect me to people who have different perspectives on our decision-making process? (i.e., other professionals/other parents/deaf and hard of hearing adults.)
- Can my child listen to music with equipment? Computers? Games?

ANATOMY OF THE EAR



DEGREE OF HEARING LEVELS AND POTENTIAL EFFECTS

Every child is different. The potential effects of a hearing loss depend on many factors including degree of hearing, how early the loss is identified, early intervention and parent involvement. This is a guideline only.

MILD 15-40 dB HL May have difficulty hearing faint or distant speech. A child with mild loss may miss up to 10% of speech signal when speaker is at a distance greater than three feet, or if the environment is noisy. Likely to experience some difficulty in communication and education settings. Consider need for hearing aid and intervention. (Some audiograms list 20dB as the start of mild loss, but some pediatric audiologists consider 15dB as a mild loss in very young children.

MODERATE 45-50 dB HL Understands conversational speech at a distance of 3-5 feet if the loss is in the 35dB range but may miss up to 75% of conversational speech if the loss is in the 50dB range. Amplification may enable listener to hear & discriminate all sounds. Without amplification, 50% to 100% of speech signal may be missed. Speech may be affected unless optimally amplified.

MODERATELY/SEVERE 60-70 dB HL Conversation must be very loud to be heard without amplification. A 55dB loss can mean 100% of the speech signal is missed. May have difficulty when listening and verbal communication is required and in settings with background noise or large groups. Delays in spoken language & reduced speech intelligibility are expected without intervention & amplification.

SEVERE 75-90 dB HL If the loss occurs before speech develops (pre-lingual), spoken language and listening skills will not develop spontaneously, and can be severely delayed unless early support is given. With optimal amplification, should be able to detect all the sounds of speech and identify environmental sounds. Without amplification, is aware of loud voices about one foot from the ear and likely to rely on vision for communication.

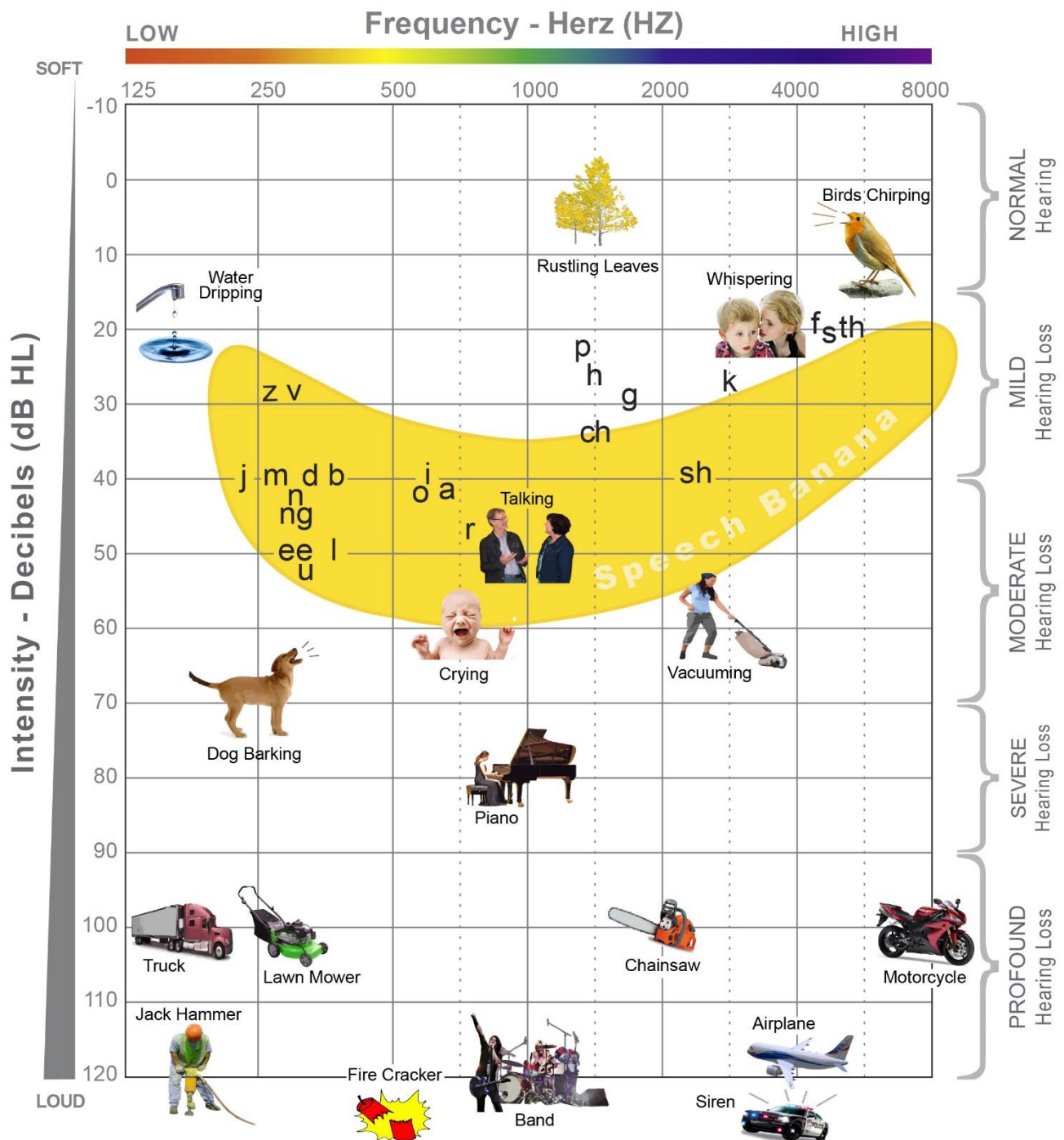
PROFOUND >90 dB HL (or greater) A child will be aware of vibrations more than tonal pattern. Many rely on vision rather than hearing as the primary avenue for communication and learning. Speech and listening abilities will not develop spontaneously without modifications and intervention. Speech intelligibility is often greatly reduced and atonal voice quality likely without support. Residual hearing can benefit from amplification. Potential candidate for a cochlear implant. Use of a signed language or a signed system may benefit language development.

UNILATERAL HEARING LOSS (UHL) Until recently, children with UHL or single-sided deafness (SSD) were not identified until school-age. With newborn hearing screening, unilateral hearing loss can be detected much earlier. Research indicates that a percentage of children with UHL may be at risk for speech and language delays and/or academic challenges. The CO-Hear system offers consultation to families of children with UHL until that child reaches three years of age. As part of the consultative service, parents can choose to participate in regular surveys to track their baby's development. In this way, parents will know what to look for and how to access early intervention if needed. (See resources list for contact information for CO-Hears, and the UHL Parent Guide.)

AUDITORY NEUROPATHY (AN) also known as Auditory Dysynchrony/Auditory Neuropathy Spectrum Disorder (ANSD) is a hearing disorder in which sound enters the inner ear normally but the transmission of signals to the brain is disorganized, sporadic or absent. The auditory (hearing) nerve itself is not processing sound as expected. First identified in the late 1980s, it is rare and requires a skilled pediatric audiologist to identify close to the time of birth. Children requiring special care nursing at birth (NICU) are at higher risk for AN. Hearing may range from normal to mild-profound. Children typically have poor speech perception abilities that make understanding speech difficult. Often, speech perception is worse than would be predicted by the degree of hearing loss. For example, a person with AN may be able to hear sounds, but have difficulty understanding spoken words, and especially with background noise. Hearing may seem to change or fluctuate hour-to-hour or day-to-day. Coordination activities like running and writing may also be affected. Hearing aids may or may not benefit these children; FM systems and cochlear implants may benefit individuals when traditional amplification does not. Visual supplements are helpful.

See more at <https://www.babyhearing.org/hearing-loss>

AUDIOGRAM OF FAMILIAR SOUNDS: “THE SPEECH BANANA”



An audiogram represents graphed responses to certain hearing tests. This audiogram shows typical familiar sounds and where the range of sounds of speech fall, often called the “speech banana.” Typical sounds of speech will vary by frequency (low to higher pitch) or intensity (louder to softer at the top of the audiogram) depending on who is speaking, and the distance between the speaker and the listener. Parents can use this guide to predict what typical sounds a child is able to perceive with and without amplification.

IF YOUR CHILD IS LATE-IDENTIFIED OR HAS LATE-ONSET HEARING LOSS:

You are not alone! The same number of children who are identified at birth are also identified in later childhood with hearing differences. Your child fell into that “other half” – and you are in the right place: learning about your child’s needs as soon as possible so you can take action. You have recently learned something about your child that will only help your child succeed.

You will have many questions and emotions going forward. We can help! In 2022, we completed a grant-funded project looking at the needs of families of children with late-onset or late-identified hearing loss. More than 60 parents shared what was most critical for them to know.

Here are some starting points to learn about with your child’s new team: clinical audiologist, educational audiologist, a teacher of the deaf/hard of hearing, and/or your H&V Parent Guide as you are navigating this. These are all available until your child is 18 *or* graduated from school. *If your child is under age 3*, your CO-Hear (early childhood hearing education specialist) and Deaf/Hard of hearing Adults from the Ascent Program are great contacts.

- **Learn more about your child’s hearing.** Is this late-onset or late-identified, if known?
- **Encourage all your child’s gifts and interests** to help develop a strong sense of self. Hearing is an important part of who they are, but they are so much more than their hearing.
- **If choosing technology**, learn about troubleshooting and upkeep. Ask about ideas to help your child adjust to new sounds, and learn about the difficulties of hearing in noise. Getting up to all-day use is a process. You can also ask to see all your child’s options and learn about them before choosing. (Speak to other parents, too!)
- **Need more support to meet milestones?** At any time, you can ask for a Childfind evaluation (birth to age 21) connected to your school district. Your child may be eligible for a 504 Plan which gives special accommodations for better inclusion in school, or an IEP (Individualized Education Plan) if specialized instruction is needed. Talk to one of our Parent Guides or ASTra Program about the benefits of each (ASTra is *Advocacy Support and Training*).
- **Learn about incidental language.** Hearing children learn so much from “overhearing” what is said. Learn ways to close this gap for your child through direct communication within their “listening bubble” and/or using visual language or supports. If a hearing child learns a new word or concept after seven exposures, your deaf/hard of hearing child may need seventeen or seventy repetitions in a variety of ways.
- **Reading aloud each day** can greatly increase their vocabulary and knowledge of the world. Encourage your child to ask questions and discuss the day’s events early on. Model using thinking/feeling words (decide, guess, opinion, realize, notice, frustrated, wish, surprised, etc.) Encourage your child’s social skills and positive identity. Meeting other families and Deaf/hard of hearing adults help!
- **Confused?** You have a right to second opinions and to ask about the experience of staff supporting your child. Many of us with late-identified children felt “there is no time to lose” and wanted the most experienced providers possible. Comprehensive assessments help us know exactly where our child might need support. Be the parent who asks questions.
- **Create a deaf/hard of hearing friendly home:** Your Parent Guide can assist with understanding these ideas. Check out how to add visual supports for your child written by two Deaf adults: <https://www.handsandvoices.org/fl3/fl3-docs/maximize-visual-access-tips.pdf>

PAYING FOR HEARING AIDS AND OTHER EQUIPMENT

COLORADO'S MANDATE FOR HEARING AID COVERAGE: SENATE BILL 57

The Hearing Aids for Children Senate Bill 57 took effect in 2009. This law mandates that private insurance companies cover hearing aids, fitting, and earmolds for children up to age 18 subject to a plan's deductible and copays when regulated by the Colorado Division of Insurance.

Medicaid and CHP+ (Plus) already cover hearing aids. Healthcare purchased through the Affordable Care Act also follows this law. Laws can change. For more information on the law, what is covered, and frequently asked questions, visit the Funding Toolkit online at www.co-hv.org or contact a Parent Guide.

THE PARENT FUNDING TOOL KIT

The **Parent Funding Tool Kit** takes parents through funding issues for children needing equipment or other services step-by-step. This document is too large to include in this Resource Guide. It can be viewed or printed from our website at:

<https://co-hv.org/colorado-parent-funding-toolkit/>

Sections in the Parent Funding Toolkit include:

- Instructions on creating a portfolio of records for your child
- Finding information about private funding sources for hearing aids and other equipment, including helpful hints when applying to a private funding
- Information about the Colorado Hearing Aid Bill for Children, and who it covers (and what to do if your insurance plan is not covered by the mandate)
- Children who are eligible for MEDICAID, or CHILD HEALTH PLAN PLUS (CHP+), MEDICAID WAIVERS and the Medicaid BUY-IN program for parents who are over-income. Contact a Parent Guide about Medicaid Waivers and the Medicaid buy-in program
- Information about HEARING AID LOANERS and other sources
- Useful information about NAVIGATING HEALTH INSURANCE, the laws that regulate health insurance, what your RIGHTS are regarding health insurance, and information about the APPEALS process. Some families have been successful in appealing a denial of hearing aid or cochlear implant coverage.
- Our state Insurance Commission can investigate problems with health insurance, too.

Testimony from a parent:

"Two of my three children are hard of hearing and wear hearing aids. While their first sets of hearing aids were paid by our insurance company, as they were covered under the Colorado mandate for children's hearing aids. However, both children had a progressive hearing loss and within a few years needed better hearing aids. Our new insurance carrier did not pay for hearing aids. For two years in a row, we had to look for help to purchase four digital hearing aids in a short time.

Many applications ask for the same information and need the same documentation. Yes, it took some time, and funding can be confusing when it comes in small amounts from different organizations, but we did receive help. It was well worth the effort. The second time around was easier: I made copies of all the documents at the same time and had a stack of business sized envelopes ready to mail the applications. Do not assume your income will disqualify you from funding; some sources do not decide on income alone."

A Broomfield parent

See a listing of private funding sources for all ages, birth - 21 in the [Parent Funding Toolkit](#).



EARLY HEARING DETECTION AND INTERVENTION (EHDI):

This program, also known as **EHDI**, is a coordinated system of care for babies birth to three with a goal of timely and accurate newborn and early childhood screening, timely referrals to pediatric audiologists for diagnostics, entry into quality early intervention, and the introduction of parent-to-parent support and deaf/hard of hearing role models. The goal for Colorado and nationally is that babies are screened at the time of birth and **no later than one month of age**, referred to pediatric audiologists **no later than three months of age**, and beginning early intervention **no later than six months of age**.

You may hear these “1:3:6” timelines mentioned.

The goal of early intervention is to support your child and family so that your child can reach developmental milestones for language by the time your child enters school.

We need the feedback of parents about how this system worked for you and your family. Please contact us at info@co-hv.org to share your feedback at any time with the Colorado Infant Hearing Advisory Committee through the Colorado Department of Health and Environment. For more information, see our interactive Parent Roadmap on the 1:3:6 timeline on our website: <https://co-hv.org/roadmap-for-families/> (best viewed through a computer to be able to “mouse over” the chart and learn about testing, why it is important to return for hearing screening, the Loss & Found video, and more.)

For more about early intervention, hearing screening, and the EHDI system, see the Centers for Disease Control website at <https://www.cdc.gov/ncbddd/hearingloss/recommendations.html> for the Joint Commission on Infant Hearing position statements and guidelines.

The following information relates to diagnostics and early intervention, so is most appropriate for families with very young or newly identified children. Parents of older children may find some of this applicable as well.

CO-HEARS, CHIP AND THE FAMILY ASSESSMENT:

The **Colorado Home Intervention Program (CHIP)** administers the **FAMILY Assessment**. CHIP is connected to families through the CO-Hear Coordinators, who work for the Outreach Program of the Colorado School for the Deaf and the Blind serving families throughout Colorado who have a very young child (birth to age three) with a hearing loss. CHIP providers are specially trained professionals with knowledge of childhood hearing and language development who work for the county community center boards, which are nonprofits (like Imagine! In Boulder County) providing early intervention and other services for children with disabilities. (You may remember these names from the Who Can Help section on page 9. A CO-Hear may have visited your family already.)

The **FAMILY Assessment** is a multi-disciplinary assessment tool used to evaluate the abilities of the child as the child interacts with family members and peers. The assessment data is used in several ways: to identify present skills; to plan learning objectives for each child and as a valuable database for research. The **FAMILY Assessment** helps the parents effectively guide their child's development.

HOW THE FAMILY ASSESSMENT WORKS:

The videotape:

After a family chooses to have an assessment, a consultant videotapes the parents and child at play for 30 minutes.

The parent-completed protocols:

The parents and their early intervention specialist complete a number of checklists when the videotape is made. These checklists measure:

- functional auditory skills
- motor skills
- language and communication skills
- speech skills
- play skills

- family needs

The computerized and objective scoring:

The videotape is sent to coders at the University of Colorado at Boulder. The coders have been specially trained to score areas measuring:

- speech, communication, and language of very young children
- parent-child communication and interaction

The report of skill levels:

All of the assessment information is provided to the family and to the consultant. The summary report describes current skills, strengths and progress. Results are discussed with the family in person and in writing, and results are used to recommend next steps the parent can take to promote the child's development.

QUESTIONS AND ANSWERS ABOUT THE FAMILY ASSESSMENT AND CHIP

What does the FAMILY Assessment measure?

The protocols describe a child's language (verbal and/or sign), auditory skills, and play, social, gross and fine motor skills, as well as functional vision skills. Important characteristics of parent-child interaction are summarized.

Who pays for the cost of the evaluation?

Different agencies are paying for the evaluation: The Colorado Home Intervention Program (CHIP) and the Colorado School for the Deaf and the Blind, The Colorado Department of Education, and the Department of Speech/Language/Hearing Sciences at The University of Colorado-Boulder. The total cost is \$250 for a complete multi-disciplinary assessment. There is no cost to the family.

How does the family benefit?

The family receives a detailed developmental profile of their child based on norms for all children that will help guide further services. Based on this assessment, the family can ask questions and request consultation services and change their Individual Family Service Plan if needed. Direct services are guided by assessment information.

HOW WE BENEFITTED FROM THE ASSESSMENTS: A FAMILY STORY:

"My child was identified late after missing a hearing screen at birth. We were in a huge hurry to help get her caught up with language. From that first assessment, I had access to objective information about how I communicated with my child and exactly how she communicated with me. There in black and white, I could see where her strengths were and where she struggled. The CHIP Parent Facilitator, my husband and I then had a much better idea about how we should proceed through the coming months and where we needed to grow.

At first, I didn't ask my child any questions; I only gave her directions. (Not good!) We needed to expand our vocabulary and also pay more attention to where our baby was looking to capture a moment of give and take communication. The next assessment was so much better. Yes, there were those agonizing moments when your baby crawls under the table while on tape; but over time, the assessment showed the results of all of our hard work. By the end of CHIP, the reports were extremely helpful in designing goals for preschool with appropriate accommodations and practical ideas. Definitely – do the FAMILY Assessments!

A Colorado Springs parent

FIND YOUR CO-HEAR REGIONAL COORDINATOR BY COUNTY

Name	Telephone Numbers	Counties Covered	
Kirsten Gardzelewski	C: 719- 641-3988 F: 719-578-2139 kgardzelewski@csdb.org	Clear Creek Eagle Gilpin Grand Jackson Jefferson	Lake Moffat Park Pitkin Rio Blanco Routt Summit
Jill Cimino	C: 719-641-5138 Fax: 719-578-2139 jcimino@csdb.org	Baca Bent Chaffee Crowley Custer El Paso Fremont	Huerfano Kiowa Las Animas Otero Prowers Pueblo Teller
Elaine Kim McCarty	W: 970-218-0342 F: 719-578-2139 ekimmccarty@csdb.org	Adams	
Robin Getz	W: 720-413-7426 v/text F: 719-578-2139 rlgetz@csdb.org	Aurora	Denver
Kelly Doolittle	W: 719-640-9084 F: 970-703-8221 kdoolittle@csdb.org	Boulder Broomfield Cheyenne Elbert Kit Carson Larimer Lincoln	Logan Morgan Phillips Sedgwick Washington Weld Yuma
Emily Motsinger	C: 618-444-2648 F: 719-578-2139 emotsinger@csdb.org	Alamosa Archuleta Conejos Costilla Delta Dolores Gunnison Hinsdale La Plata	Mineral Montezuma Montrose Ouray Rio Grande Saguache San Miguel (Garfield, Mesa, temporary)
Lynn Wismann PO Box 2057 Littleton, CO 80161-2057	W: 720-413-7429 F: 720-489-9335 lwismann@csdb.org	Arapahoe (except Aurora)	Douglas
Advisors and Consultants			
Oral Communication Consultants	Listen Foundation	Work: 303-781-9440	
Assessment and Accountability Coordinator	Allison Sedey	W: 303-492-0078 allison.sedey@colorado.edu	
Early Educational Coordinator	Ashley Renslow	W: 719-327-4109 arenslow@csdb.org	

GETTING READY FOR PRESCHOOL: TRANSITION

The transitions between early intervention and preschool services (and any transitions) can be an emotional one for parents. You are leaving the family-friendly world of early intervention for a change in people, locations and systems that serve your child. If there are any unique considerations, emotions may be magnified. With accurate assessments, the support of early intervention professionals, the incoming school team, and parent's own knowledge of their child, families can get through these transition periods successfully. (And no, your child does not have to go to preschool, which is an option, too!) Yes, preschool is essentially an unknown, new situation, and the educational process is less family-focused than early intervention, but preparation ahead of time can go a long way in helping a parent and a child feel more comfortable with moving on to preschool.

Your early interventionist, with support from the CO-Hears will assist families with transition by age 2 years, three months, and even before that time. Parent Guides are available for support, too.

1. The first and perhaps most important step in making the transition is educating yourself about your child's specific needs and the services or programs available in your area to meet those unique needs. Having some familiarity should help families in the IFSP/IEP transition meeting.

Here are a few great places to start:

- See the booklet, **The Bridge to Preschool**, jointly developed by CO H&V and the CO-Hear Coordinators through the Outreach Program of the Colorado School for the Deaf and the Blind. <https://co-hv.org/bridge-to-preschool/>
- **Early Intervention Colorado:** This webpage contains information, guidelines, and checklists on the transition process as well as sample transition plans. https://dcfs.my.salesforce-sites.com/eicolorado/EI_Home?lang=en
- **Colorado Department of Education: Deaf Education page:** <https://www.cde.state.co.us/cdesped/SD-Hearing.asp> Contains parent's rights, Deaf Child Bill of Rights, numerous articles and documents pertaining to hearing loss.
- **Supporting Families in Transition between Early Intervention and School Age Programs** <http://www.handsandvoices.org/articles/education/law/transition.html>. This article features a comparison chart between Part C and Part B services with helpful information on making transition successful.
- **The Eligibility Survival Kit:** https://handsandvoices.org/articles/education/advocacy/V11-2_eligibSurvKit.html
- **A Question of Automatic Eligibility: Does My Deaf/ HH Child Need an IEP?** https://handsandvoices.org/articles/education/law/auto_elig.html

These two articles above focus on questions of eligibility, federal and state laws, and an IEP vs. 504 Plan.

2. Visit preschool programs where possible. Seeing the classrooms help you envision how your child will interact. What is the experience level of the staff? What accommodations might be needed? Is there access to other students or adults using the same communication mode? Two checklists exist to help in this area:

Parent Checklist: Preschool/ Kindergarten Placement for Children Who are Deaf/Hard of Hearing

https://www.handsandvoices.org/pdf/parent_checklist.pdf

McGurran Preschool Evaluation Chart https://www.handsandvoices.org/pdf/preschool_eval.pdf

3. Find parent support and collaboration. Parents can benefit immensely from knowledge gained by parents who have already been through it. Here are two articles from the parent's perspective. Contact the Guide By Your Side Program to get the perspective of other parents.

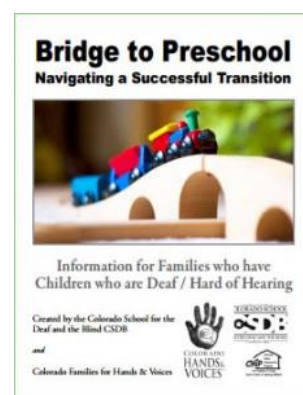
Surviving Preschool: Experiences of the Reluctant Parent

https://www.handsandvoices.org/articles/fam_perspectives/preschool.html

Transition to Preschool https://www.handsandvoices.org/articles/early_intervention/V13-3_transition.htm

http://www.handsandvoices.org/articles/fam_perspectives/alex.html

4. Parent involvement is crucial to the success of any program. Once your child enters into a program, visit with teachers frequently. Ask how you should expect to get updates about your child's day and how to support learning at home. Staying involved will help assure that the program is meeting your child's needs. Ongoing assessments



available in preschool will show you and your team how your child is progressing. Expect a month's growth in a month's time to make a year's growth in a year's time.

This page was adapted from [Supporting Families in Transition between Early Intervention and School Age Programs](http://www.handsandvoices.org) by Cheryl Johnson, at www.handsandvoices.org

DEAF CHILD BILL OF RIGHTS (DCBR)

WHAT IS THE DEAF CHILD BILL OF RIGHTS?

In May of 1996, the General Assembly approved Colorado State Law 96-1041, The Deaf Child's Bill of Rights or DCBR. The Bill, sponsored by Representative Mo Keller, who is an educator of the deaf, was strongly supported by parents of children who are deaf or hard of hearing, and members of the deaf community. With its passage, program options for deaf students in the state of Colorado have been strengthened and preserved. In light of numerous states nationwide that have eliminated program options in favor of full inclusion models, the passage of 1041 is considered a victory indeed for deaf and hard of hearing students who benefit from options.

WHAT IS THE IMPACT OF THE DEAF CHILD BILL OF RIGHTS ON MY CHILD'S EDUCATION?

An outcome of the Deaf Child's Bill of Rights is that your child's IEP (Individual Education Program) will be directly affected by this law in the form of a "Communication Plan." The Communication Plan is the document referred to in the rules that contains an action plan that the IEP team (especially parents) has created to address specific areas of a student's social and emotional development.

All too often, IEPs do not thoroughly address, if at all, these critical areas of growth for a child who is deaf or hard of hearing. The Communication Plan creates a mechanism for having conversations and taking action where gaps are identified in these areas. The Communication Plan will serve as a quality control monitor, making sure that a more comprehensive, objective view is taken of each child's experience in school.

WHEN DID THE LAW TAKE EFFECT AND ARE ALL KIDS WHO ARE D/HH REQUIRED TO HAVE A COMMUNICATION PLAN?

The law took effect as of May 1997. A revised, recommended communication plan template was introduced by the Colorado Department of Education in 2009. All IEPs for children with hearing loss (if the child meets eligibility guidelines) are required to include a Communication Plan. Still, it is not happening consistently. Nevertheless, we encourage parents to ensure that your IEP team works with you to create a Communication Plan for your child at your next IEP.

WHERE CAN I FIND MORE INFORMATION ABOUT THE DEAF CHILD BILL OF RIGHTS AND DEAF EDUCATION REFORM MOVEMENT ACTIVITIES?

Go to <https://www.nad.org/resources/education/bill-of-rights-for-deaf-and-hard-of-hearing-children/> for the latest from all over the country about updates of DCBR and Reform activities, including the latest information on Colorado.

On the following page, you will find a copy of the CDE Communication Plan. Your district's form should include all of this information.

We hope to hear how it has worked for your child. Let us know at info@co-hv.org.

THE IEP: ELIGIBILITY AND THE COMMUNICATION PLAN

GUIDELINES FOR USE

Having a Communication Plan that speaks to the unique, relative needs of the student with deafness or hearing loss is essential to creating successful strategies for that child. The need for a Communication Plan exists to address more specifically certain issues around the educational and emotional experience of a child who is deaf or hard of hearing -- issues not often called into question in traditional IEPs. With the Communication Plan, IEP teams statewide have a consistent means of thoroughly addressing these issues.

Children who are found eligible for special education supports should have a Communication Plan. If you are new to school services, it is helpful to familiarize yourself with the eligibility guidelines below.

<https://www.cde.state.co.us/cdesped/sd-hearing>

It's helpful to read the introduction to the plan when preparing for your first meeting. "The IEP team has considered each area listed below, and has not denied instructional opportunity based on the amount of the child's/student's residual hearing, the ability of the parent(s) to communicate, or the child's/student's experience with other communication modes. To the extent appropriate, the input about this child's/student's communication and related needs as suggested from adults who are deaf/hard of hearing has been considered." 300.324(a)(2)(IV) 4.03(6)(A)

The considerations raised by this document require the IEP team and parents to delve more deeply into the individual experience of the child. There are five main points set forth in the Communication Plan to frame the conversations of the group. The final document should address in actionable ways the needs identified for the student.

1. **Language and Communication:** The student's primary language and primary communication modes are described here.
 - What is the child's primary communication? This is usually the language the child has had the most exposure to. It is not always the language of the home depending on level of hearing loss and length of access to that language. Just one? More than one? Combinations? What do the parents use with the child? What does the child use with friends?
 - a. and b. What is your child's receptive and expressive primary communication mode?

More than one mode (if used) should be checked to give a full picture of how the child communicates across a variety of settings, from one-on-one with a familiar listener in a quiet room to group settings with multiple people communicating. Language checklists, narratives with a clear identification of language and communication mode that will be used for instruction, and action plans for implementation and the person responsible for implementation should be listed.

Not sure how well your child can hear in noise or distance? Consider a Functional Listening Evaluation (https://www.handsandvoices.org/pdf/func_eval.pdf). What support does your child need for listening?

What system/mode of sign language does the child use, if any? Interpreters are not developmentally appropriate before age five as a general rule, and children must be taught about how interpreters differ from teachers.

In what settings does a child's primary communication mode change? How does the child do in noisy situations?
 - c. Supports needed to increase communication proficiency of parents and family members?
2. **Peers and Role Models:** Because of the low incidence of hearing loss, many students who are deaf or hard of hearing find themselves "alone in a hearing world." Combine that with the fact that 95% of these children are born into families with normal hearing, and there is potential for serious isolation. Is there a way to interact with other students online? Can your district pull kids together for regular events? Does the family know about summer camps, "The Field of Dreams Baseball Camp for the Deaf" and other opportunities? Does the school or district or CSDB create such opportunities for true interaction? Exploit all known opportunities and maybe even learn about some new ones.
3. **All Educational Options:** All educational options should be outlined for parents, whether or not the school

would support placement at these programs. (Parents should know about choices even if they have to move to get there.) School placement should be discussed only after needs, goals and services are outlined, with parents as active members of the decision-making process. What about statewide options including the Colorado School for the Deaf and the Blind? Rocky Mountain Deaf School, charter schools or open enrollment? Co-enrollment in college classes while in high school? Particularly when a child is transitioning to middle school or high school, this should be a rich discussion.

4. **Teacher/Professional Proficiency:** How does the expertise and proficiency of staff relate to the child's individual needs? Has your team worked with your particular child's profile before and how recently? How will new teachers and "specials" teachers be informed about accommodations so your child is set up for success? Are there training/in-servicing/mentoring possibilities through the Colorado Department of Education or the Colorado School for the Deaf and the Blind? Is there an accommodation not being utilized? Has every professional on the team met the basic qualifications to work with your child, and if not, what can be done to support their growth? Have the conversation about professional development needed.
5. **Communication Accessibility in Academic Instruction, School Services, and Extracurricular Activities:** The qualifier here is "Communication Accessible." Is the student enjoying full access to academic instruction and services through the entire day? On the playground? In the hallway? On a field trip? During movies/videos? During extra-curricular activities? During time in the cafeteria and assemblies? All should advocate for the student's access throughout the school day and education of the family regarding options outside the school day as well. (Captioned telephones, Videorelay, Captioned Television, Interpreters at the museum, etc.) Make a plan for the unexpected, including when equipment or professionals are absent. Review the IEP Checklist for Recommended Accommodations on **page 37**.

Download the Communication Plan (available on the following page) at <https://www.cde.state.co.us/cdesped/sd-hearing>, the Colorado Department of Education page for Deaf Education. The Communication Plan is required for all students identified as eligible under "Hearing Impairment." (This is the Federal term for eligibility.) It's good practice to fill one out before the IEP. A copy is included on the next page.

Please note that the CDE "Fast Facts" on the following pages was written prior to the revision of the Communication Plan, but still has useful information for teams.

COMMUNICATION PLAN

Legal Name of Student _____	State Student ID (SASID) _____	Date of Birth _____	Date _____
COMMUNICATION PLAN FOR STUDENT WHO IS DEAF/HARD OF HEARING OR DEAF-BLIND			
<p>The IEP team has considered each area listed below, and has not denied instructional opportunity based on the amount of the child's/student's residual hearing, the ability of the parent(s) to communicate, nor the child's/student's experience with other communication modes. To the extent appropriate, the input about this child's/student's communication and related needs as suggested from adults who are deaf/hard of hearing has been considered. 300.324(a)(2)(IV) 4.03(6)(A)</p>			
<p>1. Language and Communication</p> <p>1. a. The child's/student's primary language is one or more of the following.</p> <p style="margin-left: 20px;"><i>Check all that apply.</i></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Receptive</p> <p>English</p> <p>Native language (ASL, Spanish etc.), specify _____</p> <p>Combination of several languages</p> <p>Minimal language skills; no formal primary language</p> <p><i>Describe:</i></p> <p><i>Action Plan, if any:</i></p> </div> <div style="width: 45%;"> <p>Expressive</p> </div> </div>			
<p>1. b. The child's/student's primary communication mode is one or more of the following. Supports 300.116(e).</p> <p style="margin-left: 20px;"><i>Check all that apply and if more than one applies, explain.</i></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>Receptive:</p> <p>Auditory</p> <p>Speechreading</p> <p>Fingerspelling</p> <p>Tactile/objects</p> <p>Home signs</p> <p>Other, please explain _____</p> </div> <div style="width: 35%;"> <p>American Sign Language</p> <p>Cued Speech/Cued English</p> <p>Gestures</p> <p>Picture symbols/pictures/photographs</p> </div> <div style="width: 35%;"> <p>Signing Exact English/Signed English</p> <p>Conceptual signs (Pidgin Signed English or Conceptually Accurate Signed English)</p> </div> </div> <div style="margin-top: 20px;"> <p>Expressive:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>Spoken language</p> <p>Conceptual signs (Pidgin Signed English or Conceptually Accurate Signed English)</p> <p>Tactile/objects</p> <p>Cued Speech/Cued English</p> </div> <div style="width: 35%;"> <p>American Sign Language</p> <p>Fingerspelling</p> <p>Home signs</p> <p>Pictures symbols/pictures/photographs</p> <p>Other, please explain _____</p> </div> <div style="width: 35%;"> <p>Signing Exact English/Signed English</p> <p>Gestures</p> </div> </div> </div> <p style="margin-top: 20px;"><i>Explanation for multiple modes of communication, if necessary:</i></p>			

Legal Name of Student	State Student ID (SASID)	Date of Birth	Date
<p>1. c. What supports are needed to increase the proficiency of parents and family members in communicating with the child/student? Parent Counseling Training 300.34(8)(i) and (iii)</p> <p><i>Issues considered:</i></p> <p><i>Action Plan, if any:</i></p>			
<p>2. Describe the child's/student's need for deaf/hard of hearing adult role models and peer groups in sufficient numbers of the child's/student's communication mode or language. Document who on the team will be responsible for arranging for adult role model connections and opportunities to interact with peers. (Section 3. 22-20-108 CRS II) 300.116 Placement Determination</p> <p><i>Opportunities considered: ECEA proposed 4.03(6)(a)(iii)</i></p> <p><i>Action Plan, if any:</i></p>			
<p>3. An explanation of all educational options provided by the administrative unit and available for the child/student has been given. Placement determination 300.115 and 300.116</p> <p><i>Placements explained:</i></p> <p><i>Describe how the placement options impact the child's communication access and educational progress:</i></p>			
<p>4. Teachers, interpreters, and other specialists delivering the communication plan to the child/student must have demonstrated proficiency in, and be able to accommodate for, the child's/student's primary communication mode or language. ECEA 3.04(1)(f)</p> <p><i>Considerations:</i></p> <p><i>Action Plan, if any:</i></p>			
<p>5. The communication-accessible academic instruction, school services, and extracurricular activities the child/student will receive have been identified. The team will consider the entire school day, daily transition times, and what the child/student needs for full communication access in all activities.</p> <p><i>Considerations 300.324(a)(2)(iv) Communication plan, 300.107 Non-academic settings, 300.101 FAPE:</i></p> <p><i>Action Plan, if any:</i></p>			

IEP/504 CHECKLIST: ACCOMMODATIONS AND MODIFICATIONS FOR STUDENTS WHO ARE DEAF AND HARD OF HEARING

Name: _____

Date: _____

Note: Accommodations provide access to communication and instruction and are appropriate for 504 or IEP services; Modifications alter the content, the expectations, and the evaluation of academic performance and are generally provided through an IEP as part of specialized instruction. This checklist contains many supports and services that should be reviewed to comply with the IDEA Special Factors ((34CFR300.324(2)(i-v)).

Amplification Accommodations

- ☐ Personal hearing instrument (hearing aid, cochlear implant, bone anchored, tactile device)
- ☐ Personal hearing assistance technology (HAT) (hearing aid + HAT)
- ☐ HAT only (without personal hearing instrument)
- ☐ Classroom sound distribution system (CADS)

Assistive Devices Accommodations

- ☐ Videophone or Text Phone
- ☐ Alerting devices
- ☐ Other _____

Communication Accommodations

- ☐ Priority seating arrangement: _____
- ☐ Ensure student's attention prior to speaking
- ☐ Reduce auditory distractions (background noise)
- ☐ Reduce visual distractions
- ☐ Allow student time/assistance to locate speaker in small or large group setting
- ☐ Enhance speechreading conditions (avoid hands in front of face, mustaches well-trimmed, no gum chewing)
- ☐ Present information in simple, structured, sequential manner
- ☐ Enunciate speech clearly
- ☐ Allow extra time for processing information
- ☐ Repeat or rephrase information when necessary
- ☐ Frequently check for understanding
- ☐ Use speech to text software (speech recognition)
- ☐ Provide interpreting (e.g., ASL, signed English, cued speech, oral)

Instructional Accommodations & Modifications

- ☐ Visual supplements (overheads, charts, vocabulary lists, lecture outlines)
- ☐ Interactive whiteboard (e.g., Smart Board, Mimio)
- ☐ Classroom captioning (CART, CPrint, TypeWell)
- ☐ Captioning and/or scripts for television, videos, movies
- ☐ Buddy system for notes, extra explanations/directions
- ☐ Check for understanding of information
- ☐ Down time/break from listening/watching
- ☐ Extra time to complete assignments
- ☐ Step-by-step directions
- ☐ Interpreting (ASL, signed English, cued speech, oral)
- ☐ Speech to text software (speech recognition)
- ☐ Tutoring
- ☐ Notetaker
- ☐ Direct instruction (indicate classes): _____

Physical Environment Accommodations

- ☐ Noise/reverberation reduction (carpet & other sound absorption materials) ASA/ANSI.s12.60 (2010)
- ☐ Special lighting
- ☐ Room design modifications: _____
- ☐ Flashing fire alarms/smoke detectors

Curricular Modifications

- ☐ Modified reading assignments (shorten length, adapt phonics-based instruction)
- ☐ Modified written assignments (shorten length, adjust evaluation criteria)
- ☐ Extra practice
- ☐ Pre-teach, teach, post-teach vocabulary, concepts
- ☐ Strategies to adapt oral/aural curriculum/instruction to accommodate reduced auditory access
- ☐ Supplemental materials to reinforce concepts of curriculum
- ☐ Alternative curriculum
- ☐ Expanded core curriculum:
 - o advocacy/self-determination
 - o audiology (understanding hearing loss and resulting communication accommodations, technology options (HAT, connectivity)
 - o assistive technology
 - o communication/pragmatic language
 - o Deaf studies
 - o disability rights
 - o functional skills
 - o family education
 - o listening skill development
 - o ASL/sign language
 - o social-emotional skills
 - o transition planning

Evaluation Accommodations & Modifications

- ☐ Reduce quantity of tests
- ☐ Alternate tests or methods
- ☐ Reading assistance with tests for clarification of directions, language of test questions (non-reading items)
- ☐ Extra time
- ☐ Special setting
- ☐ Other _____

Other Needs/Considerations

- ☐ Counseling
- ☐ Family supports and training
- ☐ Sign language instruction for family members
- ☐ Deaf/Hard of Hearing peers
- ☐ Deaf/Hard of Hearing role models
- ☐ Recreational/Social opportunities
- ☐ Transition Services:
 - o disability rights
 - o financial assistance
 - o linkages to higher education, job training
 - o Vocational Rehabilitation services
- ☐ Other _____

FAST FACTS

EXCEPTIONAL STUDENT SERVICES UNIT

FREQUENTLY ASKED QUESTIONS

COMMUNICATION PLANS FOR DEAF AND HARD OF HEARING STUDENTS

Do all students with hearing loss have to have a Communication Plan?

Yes – all students, 3-21 years or until high school graduation, must have Communication Plans as part of their IEPs. Students for whom hearing loss is a secondary disability or who have concomitant visual impairments are included.

How frequently must the Communication Plan be reviewed?

The Communication Plan must be reviewed annually at the IEP meeting and modified when necessary. The Communication Plan should be completed prior to the development of the IEP goals with input from all members of the IEP team including the parents.

How is the Communication Plan developed?

The Communication Plan is individualized for each student and results from thoughtful discussion about that student and his/her communication access, social and instructional needs. It is not a checklist. If a district or BOCES does not use the state IEP form, they must ensure that all five required Communication Plan components are addressed on the form used to ensure compliance with ECEA 4.02(4)(k). Meaningful discussions of each of five Communication Plan components will result in any necessary "Action Plans" to address relative needs. Teachers must also ensure that there is meaningful correlation between the Communication Plan, the student's IEP goals and how the student functions in his/her educational environment.

How do I know that I am filling the form out correctly?

Ask yourself if each point has been sufficiently explored and if the action plan reflects those conversations.

Include on the form who will be responsible for carrying out each part of the plan that requires action.

Include initial or review dates on the form

What if the parents don't use the same mode of

communication as their child?

The student cannot be denied instructional opportunities based on their parents' ability to communicate.

What if a student who uses a different mode of communication than the one emphasized in our program wants to transfer to our school?

A student's experience with other communication modes cannot be the basis for denial of instructional opportunity.

The amount of the student's residual hearing cannot be used as the basis for denial of any instructional opportunity.

When the original law passed in 1996, there was language which stated, "nothing in this subsection shall require a school district to expend additional resources or hire additional personnel to implement the provisions of this subsection" (ECEA 22-20-108 4.7, III (g)). Is this still true?

No. The US Office of Special Education Programs (OSEP) deemed this section to be inconsistent with FAPE (free appropriate public education) under IDEA. All services determined by the IEP team to be needed for the student must be provided for by the school.

Components of the Communication Plan: Discussion Points

1. What kind of discussions should we have about "The Child's Primary Mode(s) of Communication"?

- A clear identification of mode and consensus on how the student is communicating and whether his/her language development is appropriate should be addressed.
- Consideration should be given to the changing communication needs in different environments (e.g., various classes, "centers", cafeteria, gym, computer lab, home, community).
- Consideration should be given to the different communication partners (e.g., teachers, other students, family) of this

- student.
 - The parents need for training to develop/improve skills in their child's primary communication mode should be considered.
2. What about "availability of deaf/hard of hearing peers and adult role models of the student's communication mode"?
- Discuss the opportunities for direct communication that are available to this student. Does s/he have communication peers in the classroom? On the sports team? How will authentic peer relationships be supported and encouraged? How often is enough?
 - Consider participation in state sponsored regional activities for D/HH students as well as summer programs such as Aspen Camp School for the Deaf/Hard of Hearing.
 - Plan for adult role models of the student's communication mode to be included in his/her school experience and/or in meaningful ways involved in the child's life.
 - Discuss opportunities for hearing peers to improve communication skills with the student.
3. Must all educational options be presented and explained?
- All educational options provided by the school district or administrative unit must be explained to the family. This includes neighborhood schools, center-based programs, and schools of choice.
 - An explanation of all educational programs available to the student must be provided. That would include residential deaf schools, charter schools, regional programs, and schools of choice.
 - Explaining all educational options does not require the IEP team to be experts in every program available in the state. Offer to loan the family the State Directory of D/HH Services so they can review all options if they're interested.
 - The placement decision is made by the IEP team, including parents, based on the child's IEP and communication needs.
4. Must teachers, interpreters, and other specialists delivering this Communication Plan have demonstrated proficiency in, and be able to

accommodate for, the student's primary communication mode?

- Special education providers must be fully qualified according to CDE licensing (teachers, SLPs, ed interpreters, Para educators, audiologists).
 - The providers' skills should be linked to the child's individual communication needs based on their mode or language.
 - The general educators working with this student should be been trained to support the child's communication mode.
 - Identify who is evaluating the "demonstrated communication proficiency" of the service providers. Is the evaluator qualified to do so?
 - Any paraprofessional or teaching assistant assigned to the student should also be proficient in his/her mode of communication.
 - CDE/CSDB D/HH consulting services should be utilized for consultation, evaluation, inservice and/or staff mentoring.
5. What does communication accessibility for academic instruction, school services, and extracurricular activities that apply to this student look like?
- Identify how access will be provided to school announcements, field trips, assemblies, etc.
 - Identify the assistive communication devices and technologies that are needed (flashing fire alarms, TTYs, acoustical adaptations) to provide access for the student.
 - Describe how the student will communicate with hearing peers on the playground, at the football game, during sports team practice, or on the bus.
 - Describe the plan for accessibility in group communication settings where multiple speakers are talking. Describe how this student's communication will be translated back to the class (if necessary).
 - Determine that media being shown in the student's classes are closed captioned. Identify the other accommodations that are needed.

PARENTING YOUR CHILD WHO IS DEAF OR HARD OF HEARING

All children need three types of inner resources to become self-directed young adults:

1. Good feelings about themselves and others. Peers and adults who are also deaf/hard of hearing are important to include in your child's life to help them establish their identity as a person with a hearing difference.
2. An understanding of right and wrong. This happens over time.
3. A fund of alternatives for solving problems. This helps create an independent learner.

Twelve Strategies for Enhancing the Parent/Child Relationship and Raising Children Who Will Be Self-Disciplined and Responsible Adults:

1. Express Love.

Expressions of love can head off undesirable behavior. When a child feels loved, she wants to please her parents. A warm facial expression, a kind tone, a look of admiration and enthusiasm, a hug, all express love in an unmistakable way. Older children may be embarrassed by physical affection but welcome the personal attention of a one-one-one game or special time with mom or dad. Value the *connection* between parent and child, and discipline becomes easier, generally. Enjoy your child. That strong attachment you are developing is the foundation for learning.

2. Be Predictable.

Children thrive in a predictable environment. Routines and schedules carried out with consistency provide stability and security. This is also true with parenting behavior -- consistent messages and consistent, reasonable consequences result in a child who trusts his parents. This can be especially important for some deaf or hard of hearing children who may have limited communication skills.

3. Communicate Clearly.

Make sure your words, expression and actions are sending the same message. Young children need to have things spelled out for them -- to teach an abstract concept like "sharing", use examples.

If there is a communication challenge because of deafness or hearing loss, acknowledge the need to purposefully develop strategies to close the gap. With a deaf or hard of hearing child, consider creating a "quality control" test to make sure your message was understood as intended, including consequences. Have her repeat back what she understood you to say. Role-play to teach productive, appropriate questioning techniques that will be essential at home, at school, and everywhere. Add visual supports such as a daily calendar, morning routine and evening routine with pictures, or other visuals where needed. Including your child in family events and traditions is so important!

4. Understand Problem Behavior.

By being good observers, parents can gather information that will help them understand what a child's problem behavior means. Look for a pattern. What happens before the behavior starts? All behavior is communication.

When, where, and with whom does it occur? Is there a physical cause such as hunger or fatigue? Sensory overload? Was the communication exchange unsuccessful, resulting in frustration, anger and lashing out? Does he feel threatened, hurried or ignored? Is the child seeking attention in an unappealing way? Is he having trouble expressing himself and projecting negative energy in a physical way? Which is needed... redirection, instruction, a soothing connection, a snack, or a nap? Remember to circle back to the behavior to carefully explain and seek understanding.

5. Catch Your Child Being "Good."

It's easy to take for granted what we approve of, and hard to ignore what we don't like. This makes it easy to neglect opportunities to praise good behavior and focus on bad behavior. Let your child feel and see your approval. Turn "no" statements into "yes" statements, i.e. "I love how careful you're being with that antique vase."

6. Set Up a Safe Environment.

Children love to explore and thrive in tactile environments where things can be pulled on, climbed over, taken apart and put back together again (maybe). This isn't being naughty -- this is their nature. Make her environment safe. The more appropriate things available to explore the fewer problems with inappropriate behavior she will have. Consider how this applies to adolescents and even teenagers. A safe environment is one where the rules and limits are defined and understood. Can she have the car Friday night? Yes, if we know whom she's with, where she's going, and when she'll be back. Parenting your child will bring up issues YOU may have faced with your parents. It's good to talk

through these with a caring partner or friend.

7. Set Sensible Limits.

Neither parents nor children want to live in a police-state atmosphere in which there are so many rules it's impossible to avoid breaking them. Generally, very young children can remember only a few rules and a great deal of adult supervision is required to enforce them. Make the language simple and direct, like: "Use words, No hitting."

The limits expand as the child grows older. Going outside established limits is an exercise in trust between parent and child. If your adolescent or teenager demonstrates responsible behavior, he should be rewarded with certain privileges. This is part of becoming more independent. If he demonstrates a lack of responsibility, the limits may need to be more tightly drawn and defined until trust is built again.

8. Defuse Explosion.

Step in while your child is still calm enough to discuss a problem. Intervene before anger gets out of control. If certain situations are recipes for disaster, talk about them ahead of time and create some plans for coping and resolving. For deaf and hard of hearing kids, not being understood because of a communication mode difference or gap is a common occurrence, and one that lends itself to frustration and anger. Anticipate these kinds of circumstances. Often parents can help children avoid a meltdown with by pointing out problem-solving alternatives that can be employed *before* the problem rises to a crisis state.

9. Teach Good Problem-Solving Skills.

There are good solutions to problems, and not-so-good solutions to problems. How do you get your child to know the difference? Start by clearly labeling unacceptable behavior and explain why. Follow up with positive suggestions for what to do next time. For children under four, it's best to simply state what you want them to do next time. For older kids who can express themselves and think abstractly, ask them what they could do next time that would be better. Suggest additional alternatives. As kids get older and mature, they'll be able to employ these tactics more successfully if they've been practicing them since childhood.

If the problem stems from communication gaps, which is often true for children with deafness or hearing loss, use the same strategies and exploit every opportunity to expand the child's language base around conflict resolution. Knowing how to express himself and state his position will increase your child's sense of empowerment to successfully solve problem

10. Don't Overreact.

Giving lots of attention to problem behavior can create another whole set of problems. Telling a child to go to a time-out place or removing her from the play area where she misbehaved delivers a consequence for a behavior without creating an attention-getting incentive to do the thing again. Celebrate returning to play.

11. Seek Professional Help When Needed.

Most children grow out of common behavioral problems with the patient guidance of parents and other caring adults. But for a small percentage (5 to 15%) the problem behaviors persist and can become severe. Anxiety, depression, or other conditions may need professional help to provide support and a constructive plan of action. A parenting class (Love and Logic or similar) can help. Don't hesitate to reach out for professional help when needed.

12. Be Patient with Your Child and Yourself.

Misbehavior happens. It is human nature to learn from our mistakes. And a key to the healthy psychological development lies in the child's ability to do just that. If you follow all 11 steps faithfully and still experience a repeat of bad behaviors, remind yourself that your child is in a learning process called *childhood*. Your consistency, patience and love will provide him or her with the support needed to emerge into mature, autonomous adulthood.

**Adapted and excerpted by LEEANNE SEAVER from Thelma Harms Ph.D., University of North Carolina, Chapel Hill*

Fostering Joy:

We know what is means to be the family of a child who is deaf or hard of hearing. You may be overwhelmed, feel alone, worry about your child's communication and what you need to do next. AND as parents, we know how important it is to just celebrate your child! To see all the many gifts your child brings, to take time to enjoy each other, and to share your joy with others that understand. THAT is what we mean by *Fostering Joy*! Join the movement. Read more about *Fostering Joy* for your deaf/hh child at <https://handsandvoices.org/resources/fostering-joy.htm>.



TEACHING PEOPLE SAFETY SKILLS:

We made a commitment back in 2008 to make sure that all parents knew how to keep their kids safe. There are many ways you can increase your own child's safety, and also be on the alert for the needs of other children you will encounter now that you are a part of this community.

We don't like to think about it, but children who are deaf or hard of hearing are at a higher risk for abuse, neglect and bullying. While all children face risks, those who might not be able to communicate easily and fluently, or understand the nuances of conversation with neighbors, caregivers, or strangers, are at an even higher risk.

The good news is that with a focus on prevention, there are concrete ways to help your child avoid or reduce their risk and increase their own self-confidence at the same time.

THE O.U.R. CHILDREN'S SAFETY AND SUCCESS PROJECT

Kids do better in school and at home when they feel safe.

O.U.R. stands for **Observing, Understanding, and Responding**, and the O.U.R. Project is the place where we share what we have learned. **We want to help families prevent** instances of abuse, neglect or bullying – and if the unthinkable does occur, to be able to notice (Observe) the signs and take action quickly on behalf of a child. Parent Guides are available to support families and provide resources on **prevention, awareness, and how to recognize and respond to a child** if there is a concern. (We even have a teaching quilt project, as pictured, to help parents learn more about these principles.)



There is so much that parents can do to be proactive! Here are just a few. Many are found in the *Parent Safety Toolkit* at <https://www.handsandvoices.org/resources/OUR/index.htm>, written just for you.

- Know your child well. If their behavior or physical wellbeing changes, you'll know it.
- Know your child's caregivers. Ask questions about how people are keeping your child safe. Show up at unexpected times until you have trust built if needed.
- Keep a habit of asking your child about anything they are wondering or worrying about. Answer their daily questions...that goes a long way toward helping children see you as a safe, open person to talk to.
- Know what to ask before sleepovers and afterwards. (Preparation is the key to prevention!)
- Plan ahead for internet safety. The online world changes rapidly!
- Build your child's confidence and problem-solving; give them more freedom as they grow and learn responsibility.
- Ask questions about who is caring for our kids and how their safety is assured. (Coaches, teachers, camps, neighbors, etc.)
- Ask for goals and services in the IFSP or IEP to specifically increase a child's safety skills.
- Equip your child with simple safety knowledge that gives room for their growth. (See the Toolkit.)
- Listen to your child. Most children won't "tell." If they do, most parents don't take action. Not us!

Specific Resources on this topic:

Childhelp can help you with information when you are concerned about *any* child. Counselors will guide you in knowing what to ask, look for, and what to do. They can give local resources. They can help with your own parenting questions, anonymously. They will know the Child Protective Agency in your part of Colorado or any other state if you need to report and they will talk you through it. Call 1-800-4-A-Child. <https://www.childhelp.org>
CRISIS Text Line: Text HELLO to 741-741, then text DEAF (if applicable) for a crisis counselor who can text with you.

DOVE: 303-831-7932 (Videophone or VP) or **24-hour Crisis Line:** 303-831-7874 (Deaf Overcoming Violence through Empowerment: Domestic violence/sexual assault, available statewide.)

Kidpower of Colorado: 719-520-1311 <https://kidpowercs.org> Safety skills training for youngsters through teens and adults in a fun, engaging way. Customized classes for deaf/hh students are available. Schools often host classes.

National Exchange Club Foundation: 800-924-2643 <https://preventchildabuse.org/>

PACER's National Bullying Prevention Center: <https://www.pacer.org/bullying>

We want to see all of our kids grow up safely. *Every* child matters. To learn more, join our community of learners.

See <https://www.handsandvoices.org/resources/OUR/index.htm>, the O.U.R. page on Facebook and *The Communicator*.

STATE ORGANIZATIONS AND AGENCIES:

No recommendation is intended by inclusion of any group or agency in this Guide.

Colorado A.G. Bell Association for the Deaf and Hard of Hearing (CO AG Bell)

P.O. Box 24906
Denver, CO 80224
(303) 755-5183

<https://www.agbell.org/Connect/Colorado-Chapter>

Providing resources for the Deaf and Hard of hearing through listening and spoken language. Activities include family events promoting self-advocacy, understanding early diagnosis and intervention, a national convention, a bimonthly magazine and peer-reviewed journal.

Colorado Association of the Deaf (CAD)

3131 Osceola Street
Denver, CO 80212

president@cadeaf.org
<https://www.cadeaf.org>

With Deaf education as our priority, the mission of CAD is to research educational, linguistic, vocational, and social issues, share findings, develop policies, and propose legislative initiatives to advance our human and civil rights. Activities: vlog, newsletter, education, advocacy and events.

Colorado Department of Education (CDE)

Exceptional Student Services
Shauna Moden, Deaf Education Specialist
1560 Broadway, Suite 1100
Denver, Colorado 80202
303-866-6909

Moden_S@cde.state.co.us

<http://www.cde.state.co.us/cdesped/sd-hearing>

The CDE provides leadership to school districts and BOCES through the Deaf Education Specialist and Deaf Mentor Program with specific guidance in Educational Audiology, Educational Interpreting, and Deaf Education. CDE provides listservs for professionals and parents (Educational Audiologists, Educational Interpreters, and Teachers of the Deaf/HH and Speech Pathologists serving students who are D/HH, the Cochlear Implant Consortium, and other professional development.

Colorado Division of Behavioral Health

3824 W Princeton Circle
Denver, CO 80236
(303) 866-7400

<https://cdhs.colorado.gov/behavioral-health/children-youth-families>

Information and assistance in accessing public behavioral health systems (mental health and substance use) statewide, with the I Matter program (6 free visits for any child). See also the Daylight Project: list of mental health providers for deaf/hh Coloradans. <https://mhcd.org/colorado-daylight-learning-collaborative/>

Colorado Families for Hands & Voices

P0 Box 3093

Boulder, CO 80307 (business office)
(720) 598-COHV voice/text (support)
(970)-318-8962 voice/text (admin)

Jami Fries, Executive Director

info@co-hv.org

www.co-hv.org<http://www.cohandsandvoices.org/>

A parent-driven organization dedicated to nonbiased support for families raising children who are deaf/hard of hearing. Through the Guide By Your Side program, parents of children birth to 18 receive individualized support through regional and specialty Parent Guides. Events, workshops, educational and community advocacy, a quarterly newspaper, Facebook pages, including Spanish (Manos Y Voces) and discussion groups (Deaf + Autism, UHL, CMV, and a general group) regular e-news, Parent Funding Toolkit and more, and connection to Hands & Voices Chapters worldwide.

Colorado Commission for Deaf and Hard of Hearing (CCDHHDB)

Cliff Moers, Executive Director

1575 Sherman Street
Denver, CO 80203
(720) 457-3679 (v/VP)
(303) 866-4824 (v)

email.ccdhh@state.co.us

<https://ccdhhdb.com/>

The CCDHHDB seeks to be an agent of change for a sustainable statewide network of resources, dedicated to cultural and linguistic equality. The CCDHHDB makes recommendations to the Colorado Legislature on issues and concerns of the community in an effort to ensure equivalent access to state government, to make government work more efficiently, and to serve in an advocacy role for constituents in the deaf/hard of hearing and deafblind community.

Colorado Division of Early Childhood

(CDEC)

This new division houses all early childhood programming, including Universal Preschool, childcare assistance, and more. Follow social media or sign up for newsletters.

<https://cdec.colorado.gov/>

Colorado Department of Public Health and Environment (CDPHE)

Leanne Glenn, Newborn Hearing Screening Coordinator

Colorado responds to Children with Special Needs
4300 Cherry Creek Dr.

Denver, CO 80246

(303) 692-2603

<https://www.colorado.gov/pacific/cdphe/newborn-hearing-screening>

CDPHE is responsible for implementing newborn hearing legislation. Provides families with information for follow-up and referral. Assists families with local screening and diagnostics, partners with community agencies and organizations for follow up, and maintains statewide database on hearing screening birth to three. HCP offices can assist families with funding and resources for any child with special needs birth to 21.

Colorado Division of Vocational Rehabilitation

CDLE_voc.rehab@state.co.us

<https://dvr.colorado.gov/>

Adults with disabilities seeking work can receive individualized services starting at age 14 (in schools under an IEP) through adulthood. Watch the orientation video on the website and apply online with a local office in Colorado. Services include training, job coaching, education, and assistance with job placement and work readiness, including funding needed to meet employment goals on an as needed basis.

Colorado EHDI

info@coehdi.org

<https://www.coehdi.org>

The federally-funded HRSA grantee for newborn hearing screening, diagnostics and follow up, housed at the CCCDHDB and a joint project with Early Intervention Colorado works to improve and report on lost to follow up, parent engagement, Deaf/hh adult to family support for children birth to three years of age in the Early Hearing Detection and Intervention (EHDI) system.

Deaf Ministry at Reclamation Church

7690 Baseline Road

Boulder, CO 80303

(720) 339-5331

office@reclamation.online

<https://reclamation.online/deaf-ministry>

Since 1991, the church has included Deaf-led events and interprets all church events including education for children. Deaf/hh children, adults and their families are welcome regardless of language used. Assistive listening devices available in the sanctuary. (Located between Louisville, Lafayette, and Boulder.)

**Additional places of worship/ministries listed on FreeColoradoDeaf.com;*

<https://www.freecoloradodeaf.com/deaf-churches-church-religious.html>

El Grupo Vida

3443 S. Galena St, Suite 120

Denver, CO 80231

(303) 335-9875

elgrupovida@gmail.com

<https://elgrupovida.org>

Information, referrals and support groups for Spanish speaking parents; Free annual fall conference in Denver.

Family Voices of Colorado

(303) 877-1747

1-855-877-1747

(303) 904-6073 (Espanol)

info@familyvoicesco.org

<mailto:info@familyvoicesco.org>

<https://familyvoicesco.org>

A national, grassroots advocacy organization that speaks on behalf of kids with special health care needs and/or disabilities. Training, health care insurance and Medicaid or Medicaid waiver programs are priority activities.

Hearing Loss Association of America - Colorado Chapters (CO HLAA)

Debbie Mohny, State Chapter Coordinator at

HLAA.Colorado@gmail.com

<https://www.hearinglosscolorado.org/>

HLAA seeks to open the world of communication to people with hearing loss by providing information, education, support and advocacy. Chapter meetings (CO Springs, Boulder, Denver and Grand Junction) are free and educational for all with or without hearing loss.

Disability Law Colorado

455 Sherman St, Suite 130

Denver, CO 80203

800-531-2105

or 322 N. 8th Street

Grand Junction CO 81501

970-241-6371

<https://disabilitylawco.org>

Protects and promotes the rights of people with disabilities and older people in CO through direct

legal representation, advocacy, education and legislative analysis.

International Hearing Dog, Inc.

5901 E 89th Ave
Henderson, CO 80640
(303) 287-3277 (v/tdd)
info@hearingdog.org
<https://www.hearingdog.org/>

Hearing dog training and placement, nonprofit.

Office of Civil Rights (Federal)

OCR.Denver@ed.gov
<https://www2.ed.gov/about/offices/list/ocr/aboutocr.html>

U.S. Department of Education
Cesar E. Chavez Memorial Building
1244 Speer Boulevard, Suite 310
Denver, CO 80204-3582
(303) 844-5695

Part of the US Department of Education, where complaints can be filed related to discrimination related to schooling. Regional office for AZ, CO, NM, UT, WY.

Office of Civil Rights – Colorado

<https://ccrd.colorado.gov/>

PEAK Parent

611 N Weber Suite 200
Colorado Springs, CO 80903
(719-531-9400
info@peakparent.org
<https://www.peakparent.org/>

Information & resources for parents of children with disabilities; this center is the national resource site on inclusion as our federally funded IDEA support center. Available in English and Spanish.

PEP: Parents Encouraging Parents

Joyce Thiessen-Barrett, Family and School Partnering
1560 Broadway Suite 1100
Denver, CO 80202
(303) 525-5384
<https://www.cde.state.co.us/cdesped/pep>

The Exceptional Student Services Unit (ESSU) at the Colorado Department of Education (CDE) plans PEP conferences throughout the year that are family-centered and designed to offer support, information, and education to parents and professionals. PEP and its conferences promote partnerships that

are essential in supporting and including children with disabilities and their families in schools and the community. Parents or guardians of children with disabilities are encouraged to attend, along with professionals interested in the family-professional partnership.

**Parent 2 Parent of Colorado
(part of Ability Connection Colorado)**

(877) 472-7201
801 Yosemite Street
Denver, CO 80230
infop2p@abilityconnectioncolorado.org
<https://www.abilityconnectioncolorado.org/p2p-co/>

Provides informational and emotional support for parents of children with disabilities and health care needs through online support groups, member only resources, toll free referral line in English/Spanish, and referral to parent support groups throughout Colorado, with opportunities to get involved with public policy development. Parent Wisdom files on many topics related to all disabilities.

Relay Colorado (711)

Holly Bise, Public Utilities Commission
holly.bise@state.co.us
<https://www.relaycolorado.com/>

Relay Colorado is a free service providing full telephone access to people who are deaf/hh, deaf-blind or speech-disabled, including captions for conference calls. The state contract was awarded to T-Mobile to provide all Relay Services. Kristine Shipley, Accessibility Relationship Manager, kristine.m.shipley@t-mobile.com

Rocky Mountain Cued Speech Association

<https://www.facebook.com/RockyMountainCuedSpeechAssociation>
RMCSA provides advocacy, education, and support for families and professionals that use Cued Speech with d/hh children and other populations. RMCSA is an affiliate of the National Cued Speech Association. <https://cuedspeech.org/>

Other Disability Specific Resources Other Disability Specific Resources:

See the list that Parent 2 Parent of Colorado puts together at
<https://www.abilityconnectioncolorado.org/p2p-co/resource-storeroom/disabilities/>

PROGRAMS/ SERVICE PROVIDERS/ EDUCATIONAL FACILITIES

Aspen Camp for the Deaf and Hard of Hearing

4862 Snowmass Creek Road
Snowmass, CO 81654
(970) 315-0513

office@aspencamp.org

<https://aspencamp.org>

The mission of Aspen Camp for the Deaf and Hard of Hearing is to provide enriching and effective educational, outdoor and recreational experiences for Deaf and Hard of Hearing individuals. ACDHH is working to provide more programs to Deaf youth, adults and families as well as hearing allies.

Children's Hospital Colorado

Bill Daniels Center for Children's Hearing
Main campus: 13123 East 16th Avenue
Aurora, CO 80045

[720-777-6801](tel:720-777-6801)

<https://www.childrenscolorado.org/doctors-and-departments/departments/audiology-speech-learning/audiology-services/>

The Bill Daniels Center for Children's Hearing is a collaborative program of Audiology, Speech Pathology, Learning Services, and Otolaryngology (ENT) departments that provide comprehensive family-centered care for children who are deaf and hard of hearing, along with financial assistance for direct patient care. Services also include clinical genetics, clinical social work, deaf education, family consultation and support services as well as access to advanced hearing aid and cochlear implant technology.

Services are provided at a variety of locations:

Main Campus (Aurora), Uptown Denver, North Campus (Broomfield), Broomfield Therapy, Wheat Ridge, South Campus (Highlands Ranch), Highlands Ranch Therapy, Parker, and Briargate (hospital), Outpatient, and Telstar locations in Colorado Springs. To make an appointment at any location, please call centralized scheduling at [720-777-6801](tel:720-777-6801).

Colorado Department of Education (see page 40)

Colorado Home Intervention Program (CHIP)

Ashley Renslow, Early Educational Consultant Coordinator, Colorado School for the Deaf and the Blind

W: 719-327-4109

arenslow@cldb.org

<https://cldb.colorado.gov/chip>

"CHIP" is the term for the statewide, home-based, family-centered collaborative model of early intervention services for families with babies and toddlers who are deaf/hard of hearing, birth to age three. CHIP uses a single point of entry through the CO-Hear Coordinators regionally placed throughout the state, data-driven intervention by highly qualified professionals, creating partnerships with both public and private agencies to serve families, and values connecting families to parent-to-parent support and adults who are deaf/hard of hearing. Services are provided by local providers through Community Center Boards (CCBs) in each county of the state in partnership with the CO-Hear Coordinators.

Colorado School for the Deaf and the Blind (CSDB)

33 N. Institute Street
Colorado Springs, CO 80903
(719) 578-2100 (v); (719) 358-2600 (VP)

<https://cldb.colorado.gov>

CSDB is a state and federally funded school operating as a separate residential school within the Colorado Department of Education. The school provides comprehensive educational services for children who are deaf or hard of hearing, or blind/visually impaired with comprehensive, specialized educational services from preschool to 12th grade, with a transition program to age 21. Day students are accepted within driving range of CSDB. Outreach services are also provided for families and public schools throughout Colorado. Residential services are provided for students who live outside of the El Paso County area to attend on campus. Outreach services include Early

Literacy, **The Colorado Shared Reading Program**, the CO-Hear program (affiliated with the Colorado Home Intervention Program (CHIP (see listing), Bridges to Life (transition services) and the **Ascent Program** (Deaf/HH Role Models) under the umbrella of services offered by CSDB.

CSDB – The Ascent Program

The Colorado School for the Deaf and the Blind

The Ascent Program, funded by a federal EHDI grant connects Deaf/HH and deafblind adults to families birth to three. This is a diverse and growing group of D/HH adults who can help build relationships, share resources, develop a support system to empower families, support informed decision-making, and learn about the different ways of being for D/HH adults. Contact ksevier@csdb.org or sign up here: <https://csdb.colorado.gov/ascent-program> Videos of adult role models can be viewed on the CSDB site via a YouTube channel.

CSDB: Early Literacy: Shared Reading Project and Early Literacy Events

Colorado Shared Reading Project

Developed by the Laurent Clerc Center at Gallaudet University, the CSRP provides families with an instructor who is deaf sharing age-appropriate books and how to sign them, along with learning activities each week. Newborn to age eight.

<https://csdb.colorado.gov/SRP>

Early Years Literacy Virtual & In-person Events:

Each event provides families with rich literacy experiences and strategies to promote their child's language development. They include ASL story time, music and movement, hands-on activities, interaction with Deaf/hh adults, and education. Early Literacy Events can be birth to 3, 3-5 years, or in-person large groups from birth to age 8.

*ASL classes are also available, along with a **YouTube Channel** of ASL videos on many topics. Classes are available for parents/professionals including immersion experiences. See the website for more information:*

<https://csdb.colorado.gov/outreach-programs>

Colorado Services for Children and Youth with Combined Vision and Hearing Loss

Colorado Department of Education

Exceptional Student Services Unit

1560 Broadway Suite 1100

Denver, CO 80202

Gina Herrera: (303) 866-6605

herrera_g@cde.state.co.us

https://www.cde.state.co.us/cdesped/sd-db_projectinfo

This project provides free technical assistance to families, educational teams and service providers of children birth through the year of their 21st birthday, if the child has a combined vision and hearing loss, or are highly suspect for both vision and hearing loss. The combination of these sensory impairments, even if both are mild, may qualify the child for the project's services. The project sponsors an annual Summer Institute for professionals, family events, a family specialist, and a newsletter. Please see extensive information on the website and Facebook page.

Denver Ear Associates

701 E. Hampden Place, Suite 415

Englewood, CO 80110

(303) 788-7880

<https://www.denverear.com>

D.E.A. is a long-standing large practice including otologists and audiologists, some of whom specialize in pediatrics. They are a full-service cochlear implant center; providing medical/audiologic consultation and interventions, latest implantable hearing technology including "Baha" and CIs, hearing aids, and assistive technology.

DOVE (Deaf Overcoming Violence through Empowerment)

PO Box 150449

Denver, CO 80215

24 Hour Crisis Hotline (303) 831-7874 (VP) or

hotline@deafdove.org

(An advocate will respond to a call above within 15 minutes.)

(303) 831-7932 – Office (VP) (non-emergency)

office@deafdove.org <mailto:info@deafdove.org>
<https://deafdove.org/>

DOVE is a nonprofit dedicated to serving victims and survivors of domestic violence and sexual assault in the Colorado Deaf community, including Deaf, Hard of Hearing, Late-Deafened, Deafblind or Children of Deaf Adults (CODAs), along with community education, cultural competency training, technical assistance and youth advocacy.

Developmental Disabilities Resource Center

11177 West 8th Avenue
Lakewood, CO 80215
303-233-3363
<https://ddrcco.com>

Provides various services to individuals with developmental disabilities (children and adults) and their families in Jefferson, Clear Creek, Summit and Gilpin Counties. Each county has a designated Community Center Board that provides similar services, including early intervention services contracted through EI Colorado.

Early Intervention Colorado (EI Colorado, sometimes called “Part C services”)

(888) 777-4041
(303) 866-5916
1575 Sherman St.
Denver, CO 80203
Christy Scott, Program Director
303-866-2664
https://coloradoofficeofearlychildhood.secure.force.com/eicolorado/EI_Home?lang=en

Assures infants and toddlers with special needs and their families have access to a collaborative network of supports and services within their community. EI Colorado is part of the Division of Early Childhood. Find your local office here:

<https://eicolorado.org/index.cfm?fuseaction=ContactUs.Main&content=state>

Goodwill Industries of Denver: Deaf Services Program

Cindy Wright, Program Manager
6850 N. Federal Blvd.
Denver, CO 80221
(720) 457-3646
(866) 759-3661
<https://goodwilldenver.org/programs/peoplewithdisabilities/>

The Deaf Services program, (both facility and community based) provides prevocational, communication training, Situational Assessment/Evaluation, Work and Personal Adjustment Training, and Volunteer Opportunities for individuals who are deaf/ hard of hearing, with services delivered in American Sign Language, and for those enrolled in Comprehensive and Supported Living Services. We also provide services through Division of Vocational Rehabilitation (DVR) to those interested in developing employable soft skills.

The LISTEN Foundation

6950 E. Belleview Ave., Suite 203
Greenwood Village, CO 80111
(303) 781-9440, (303) 781-2018 (fax)
info@listenfoundation.org
<https://www.listenfoundation.org>

LISTEN is a non-profit organization founded in 1969 providing financial assistance and auditory-verbal therapy to families with children who are deaf/hh. Early intervention services, habilitation, parent education and support, coordination with schools, and training for professionals, with certified Auditory-Verbal Therapists. Sponsors the annual Cochlear Implant Family Camp in Estes Park.

The Marion Downs Center

4280 Hale Parkway
Denver, Co 80220
(303) 322-1871(Denver)
<https://mariondowns.org/>

The MDC is a nonprofit providing state of the art culturally sensitive services, resources, education and research to

support the needs of individuals with communication challenges and their families. Clinical services include newborn hearing screening, pediatric diagnostic assessment, hearing aid fitting and follow-up, cochlear implant consultations, auditory processing evaluations, speech-language assessment and therapy, parent support, consumer advocacy, the Marion Downs Summer Preschool, teen programs including Campus Connections, sign language classes, hearing assistive technology and research and education. Financial assistance for low-income families; accepts donated hearing aids.

Mental Health Center of Denver (see Wellpower)

**Nanette Thompson, M.S. CCC-SLP,
Cert. AVT (Listening 2 Learn)**

(303) 887-0842

nanette@listening2learn.com

<https://www.listening2learn.com>

Provides individual speech/language therapy and aural rehabilitation to children or all ages who are deaf/hard of hearing. Specializing in auditory-verbal therapy.

Rocky Mountain Deaf School

10300 W Nassau Ave

Denver, CO 80235

(303) 984-5749 (voice)

(720)-961-9200 (VP)

info@rmds.co

<http://www.rmds.co>

RMDS is a free public charter school in Jefferson County offering a bilingual education for Deaf and Hard of Hearing student: parent/infant groups, preschool-12th grade. RMDS provides a language rich environment in both American Sign Language and English print and supporting the home-school connection with the RMDS staff, Board, parents and the Deaf community.

Rocky Mountain Ear Center

601 East Hampden Ave Suite 430

Englewood, CO 80113-2776

(303) 783-9220

<https://www.rockymountainearcer.com/>

RMEC is a full service hearing center that offers consultations, audiological testing and diagnostic therapy, hearing aid dispensing, surgical intervention (including the BAHA devices) and cochlear implant surgery and rehabilitation, social events for teens, and in-service for schools, and tele-audiology.

Rosie's Ranch, Inc.

10556 E. Parker Rd

Parker, CO 80138

(303) 257-5943

Mary Stathes, M.A. LSLs AVT

MMS441SSaol.com

rosiesranch2010@gmail.com

<https://sites.google.com/view/rosiesranch/home>

Providing a family-centered atmosphere for children with deafness or oral language challenges expand listening, verbal and reading skills by engaging in activities and therapeutic horseback riding under the guidance of highly trained, qualified staff, with indoor and outdoor arenas and more.

UCHealth Audiology

University of Colorado Hospital

Anschutz Medical Campus Outpatient Pavilion, Sixth Floor

1635 Aurora Court

Aurora, CO 80045

720-848-2800

with satellite audiology clinic in Lone Tree: 720-848-2200

Boulder: 720-848-9200

Highlands Ranch: 720-516-5000

Cherry Creek: 720-516-9407

<https://www.uchealth.org/locations/uchealth-hearing-and-balance-center-anschutz>

Specializing in direct clinical services including audiology, otology, genetics, and speech/language services. Clinical support includes newborn hearing screening and follow-up, complete pediatric or adult diagnostic assessment, hearing aid and cochlear implant services, speech-language assessment and therapy, vestibular assessment and therapy, medical assessment and treatment, genetic testing and counseling, research and education.

University of Northern Colorado – Greeley

School of Special Education, Teacher Preparation Program - Deaf/Hard of Hearing

sandy.bowen@unco.edu

American Sign Language, Interpreting BA, and Teaching ASL

barbara.garrett@unco.edu

*Speech Pathology and Audiology Program, and the Speech Language Pathology and Audiology Clinic,
970-351-2012 Voice/TTY (sees primarily adults)*

WellPower formerly the Mental Health Center of Denver

4141 E Dickenson Place

Denver, CO 80222

(303) 504-7900 (v)

720-459-5314 vp

<https://www.wellpower.org/>

Specialized counseling services for individuals who are deaf/hard of hearing

www.mhcd.org/Services/deafcounseling.html

Mental Health Emergencies:

*If you are in crisis or need help dealing with one, call the National Suicide Prevention Lifeline is a toll-free number **1-844-273-TALK (8255)** to speak to a trained mental health professional in English or Spanish. or text TALK to 38255 This call will be routed to Colorado providers.*

988 is the nationally available three-digit number for connecting with suicide prevention and mental health crisis providers by July 16, 2022.

The above numbers will also continue.

Walk-in Centers: Denver Metro, Greeley, Colorado Springs, Montrose and Pueblo:

<https://coloradocrisisservices.org/#map>

The Crisis Text Line is independently operated at text “Talk” to 741741 (Crisistextline.org) and has volunteers trained in working with deaf/hard of hearing texters who self-identify.

NATIONAL RESOURCES

The majority of these organizations have both social media and websites.

RECOMMENDED “STARTING OUT” SITES:

<https://www.handsandvoices.org>

www.infanthearing.org (NCHAM)

<https://babyhearing.org> (BoysTown)

<https://www.cdc.gov/ncbddd/hearingloss/index.html>
(CDC)

<https://www.hearingfirst.org/> (Hearing First)

<https://deafchildren.org> (Am. Society for Deaf Children)

<https://www.agbell.org>

Alphabetical List:

Acoustical Society of America

Suite 300, 1305 Walt Whitman Road

Melville, NY 11747-4300

Phone: (516) 576-2360

<https://acousticalsociety.org>

asa@acousticalsociety.org

Creating, sharing and promotion the practical applications of acoustics. (See Classroom standards.)

ADARA

1022 7th St. NE
Washington, DC 20002

www.adara.org

ADARA strives to lead in promoting wellness in the human service professions serving Deaf adults and children. All information is available online to members; national conference annually.

AI Media

<http://www.ai-media.tv>

Access Innovation, or AI Media creates access to content with innovative solutions in partnership with private, public and community sectors, one word at a time. Active on all social media.

Alexander Graham Bell Association for the Deaf and Hard of Hearing (AG Bell)

3417 Volta Place, NW
Washington, D.C. 20007-2778
(202) 337-5220

info@agbell.org

<https://agbell.org>

International membership organization of professionals, parents, and deaf/hard of hearing adults providing research, advocacy, education and financial aid for every child and adult with hearing loss to have the opportunity to listen, talk and thrive in mainstream society. Leadership opportunities for deaf/hh teens, national conference, AVT certification and learning center. See Colorado Chapter – A.G. Bell.

American Academy of Audiology

11730 Plaza America Drive, Suite 300
Reston, VA 20190
(800) 222-2336

infoaud@audiology.org

<https://audiology.org>

Professional organization for audiologists; provides information on audiology and related issues

American Annals of the Deaf

<http://gupress.gallaudet.edu/annals>

A professional journal dedicated to quality in education and related services for deaf or hard of hearing children and adults

American Society for Deaf Children (ASDC)

800 Florida Avenue NE
Washington, DC 20002
(800) 942-2732(v/tty)

<https://deafchildren.org>

An organization of parents and professionals promoting full communication access (especially ASL) and information for people who make decisions

about deaf children: providers, educators, legislators and advocates. Membership, publishes a periodic newsletter and hosts a national conference.

American Speech-Language-Hearing Association

2200 Research Boulevard
Rockville, MD 20850
(800) 638-8255

actioncenter@asha.org

www.asha.org

Professional organization for speech language pathologists & audiologists; provides information and advocacy support related to hearing loss and other communication disorders.

Beach Center on Disability: KU

<https://beachcenter.lsi.ku.edu/>

University of Kansas Center on Disability, self-determination, and transition.

Beginnings for Parents of Children who are Deaf or Hard of Hearing

156 Wind Chime Court, Suite A
Raleigh, NC 27615
(800) 541-4327 (v/tty)

raleigh@ncbegin.org

<https://ncbegin.org>

Established as a central resource for families birth to 21 as a nonprofit in North Carolina to help parents and families understand hearing loss and the diverse needs of children who are deaf/hard of hearing, with support for deaf parents who have children who are hearing. Collaboration with professionals, grants for families.

Centers for Disease Control and Prevention

<https://www.cdc.gov/ncbddd/hearingloss/index.html>

Information on types of hearing loss, treatment services, and resources; includes free parent guide to hearing loss, downloadable fact sheets, questions for professionals, communication choices, genetic information, and an ongoing CDC Parent Committee creating resources.

National CMV Foundation

P.O. Box 18322
Tampa, FL 33679

<https://nationalcmv.org>

info@nationalcmv.org

Spread awareness, communicate prevention tips and advocate to leaders to end Cytomegalovirus.

Boystown National Research Hospital

Center for Childhood Deafness
555 North 30th Street
Omaha, NE 68131
(402) 498-6540

www.babyhearing.org and

www.boystownhospital.org

<http://www.babyhearing.org/>

An internationally recognized center for clinical

services and research on childhood deafness, vision and related disorders. Early intervention, preschool, school-aged services through a multidisciplinary approach. Comprehensive website, camp, outreach.

California State University Northridge

<http://www.csun.edu/ncod>

An excellent resource for professionals, educators, and parents as a national center of deafness.

Center for Early Intervention on Deafness

1035 Grayson Street

Berkeley, CA 94710

(510) 848.4800 and (510) 356-0004 (vp)

info@ceid.org

<https://ceid.org>

A model early intervention program for babies, young children and families, including preschool, childcare, audiology, sign language classes, and trainings/consultation.

Central Institute for the Deaf (CID)

825 South Taylor Avenue

St. Louis, Missouri 63110

(877) 444-4574

www.cid.edu

cid@cid.edu

An Oral Option school for children birth to age 12 with a focus on listening and spoken language affiliated with Washington University. Related services onsite.

Classroom Interpreting

<https://classroominterpreting.org>

An informative website about classroom interpreting, research, challenges and best practices.

www.ciafonline.org

CIAF's mission is to provide information, resources, and support to prospective cochlear implant recipients and their families, partnering with Advanced Bionics and Cochlear equipment with financial assistance by application. Based in Illinois.

Clerc National Deaf Education Center

at Gallaudet University

800 Florida Ave NE

Washington DC 20002

(202) 651-5051 (v) (202)651-5052 (tty)

(202) 651-5198 (Espanol)

Email: clerc.center@gallaudet.edu

<https://clerccenter.gallaudet.edu/>

The Laurent Clerc Center Provides information, training and technical assistance for parents and professionals to meet the needs of deaf and hard of hearing children to raise achievement on the campus of the only Liberal Arts University for Deaf students in the U.S. Odyssey Magazine, Shared Reading, CI Education Center, and more.

DeafandHOH

<http://www.deafandhoh.com/index.php>

Website, blog, online moderated chats for teens and adults with hearing loss. Founded by Senthil Srinivasan, a web designer with a hearing difference.

Deaf Ed.Net

<https://deafed.net>

Employment: post resumes, explore jobs in deaf education and related services.

Deaf Linx

<https://www.deaflinx.com>

Explanation of language and educational options for families. Fighting audism through empowerment.

Described and Captioned Media Program (DCMP)

<https://dcmp.org/>

DCMP offers a streaming library of accessible education videos, teaching tools and educational content with captions and/or ASL translation. Free subscription to all families and educators.

The Ear Community

<https://EarCommunity.org>

303-646-7126

Offering a warm and supportive community for individuals born with Microtia, Atresia, Hemifacial Microsomia, Treacher Collins and Goldenhar Syndromes, education, advocacy, financial support for equipment, online group, events.

Global Coalition of Parents of Children who are Deaf and Hard of Hearing (GPOD)

gpodhh2010@gmail.com

<https://sites.google.com/site/gpodhh/Home> GPOD is an international collaboration of parent groups dedicated to promoting improved systemic protocols and practices which encourage informed choice and the empowerment of families with a deaf or hard of hearing child throughout the world; see the list of parent groups by country.

Hands & Voices (HQ)

PO Box 3093, Boulder, CO 80307

(303) 492-6283

<https://handsandvoices.org>

A nonprofit, parent-driven organization dedicated to non-biased support to families who have children with deafness or hearing loss. With chapters throughout the USA, Canada, and beyond, activities include Guide By Your Side program and advocacy training, educational seminars, EHDI program leadership, parent-to-parent networks, a quarterly newspaper, Spanish resources, and more.

Hearing Health Foundation

Hearing Health Magazine

<https://www.drf.org/magazine>

Funds hearing and balance research, publishes Hearing Health Magazine, a free consumer resource.

Hearing Loss Association of America (HLAA)

7910 Woodmont Ave., Ste. 1200

Bethesda, MD 20814

(301) 657-2248

<https://hearingloss.org>

HLAA provides assistance and resources for people with hearing loss and their families: The CO Chapter of HLAA is active in Boulder, Denver, Colorado Springs and Grand Junction.

Hearing Our Way

<https://www.hearingourway.com/>

The go-to magazine for kids and teens with hearing loss, published by Sophie's Tales LLC, subscription.

House Ear Institute

2100 West Third Street

Los Angeles, CA 90057

(213) 989-6701

info@hei.org

<https://hei.org>

A non-profit organization that provides information on hearing loss, research, education, and global hearing health, with seven CA clinics.

The Ida Institute

<https://www.idainstitute.com>

An independent, non-profit organization with the vision to foster a better understanding of the human dynamics of hearing loss. Together with professionals from every area of hearing care, we work to make person-centered care the preferred practice in clinic settings around the world. Our website and Ida tools are a free and open space where we invite you to share knowledge, information and resources. Funded through a grant from the Oticon Foundation.

International Center on Deafness and the Arts through Education (ICODA)

1941 Rohlwing Rd

Rolling Meadows, IL 60062

(847) 509-8260 ext. 234

<https://icodaarts.org> and on Facebook

Educate, enrich and empower Deaf, Hard of Hearing and Hearing children and adults through experiences with the arts.

International Hearing Dog, Inc. (IHD)

5901 East 89th Ave.

Henderson CO 80640

(303) 287-3277

<https://hearingdog.org>

info@hearingdog.org

Hearing dog training, placement, assistance.

John Tracy Clinic (JTC)

806 W. Adams Blvd.

Los Angeles, CA 90007

www.jtc.org English

www.clinicajohntracy.org (Espanol)

(213) 748-5481

web@jtc.org

Materials in English or Spanish online and by mail available worldwide at no cost for parents of children with hearing loss ages birth to five years using any communication approach. Live video classes for parent groups and limited telepractice sessions are available for a fee.

JTC's onsite programs specialize in listening and spoken language with an AVT preschool, parent education, DHH school age support, international summer sessions, parent-infant, audiology and counseling services.

National Association of the Deaf (NAD)

8630 Fenton Street, Suite 820

Silver Spring, MD 20910

(301) 587-1788 (v/vp)

<https://nad.org>

A consumer advocacy organization established in 1880; membership, resources, conference and publications available.

National Association of State Directors of Special Education (NASDSE)

<https://www.nasdse.org/>

*Membership association for state special education directors, produces resources such as guidelines and policies for deaf education. Published *Optimizing Outcomes for Students who are Deaf/Hard of hearing* and other guidance.*

National Black Deaf Advocates, Inc.

P.O. Box 564

Secane, PA 19018

info@nbda.org

<https://nbda.org>

Promotes the well-being, culture, and empowerment of African-Americans who are deaf or hard of hearing. Chapters and events/support across the U.S.

National Deaf Center on Postsecondary Outcomes

<http://www.nationaldeafcenter.org/>

Technical assistance and dissemination center funded by the Office of Special Education Programs (OSEP) focusing on transition from high school, at the University of Texas at Austin.

The National Center for Hearing Assessment & Management (NCHAM)

2615 Old Main Hill

Logan, Utah 84322

(435) 797-3584

www.infanthearing.org

NCHAM serves as the National Technical Resource

Center for the implementation and improvement of effective EHDI (Early Hearing Detection and Intervention) systems, to ensure that infants and toddlers with hearing loss are identified as early as possible and provided with timely and appropriate audiological, educational and medical intervention.

National Council of Hispano Deaf and Hard of Hearing

P.O. Box 90927
Washington, D.C. 20090
<https://nchdhh.org>

The mission of the National Council of Hispano Deaf and Hard of Hearing is to ensure equal access of the Hispano deaf and hard of hearing community in the areas of social, recreational, cultural, educational, and vocational welfare.

National Institute on Deafness and Other Communication Disorders (NIDCD)

National Institutes of Health
31 Center Drive, MSC 2320
Bethesda, MD USA 20892-2320
nidcdinfo@nidcd.nih.gov
<https://www.nidcd.nih.gov/health/hearing-ear-infections-deafness>

NIDCD is one of the institutes of the National Institutes of Health, whose mission is to uncover new knowledge that will lead to better health for everyone. NIH seeks to help prevent, detect, diagnose and treat disease and disability. Statistics, resources, conditions, related to all ages.

NICHY

<https://nichy.org>
NICHY is one of four clearinghouses established by Congress to provide specialized information on disabilities.

OPTION Schools

<https://optionschools.org>
Mission: To advance excellence in listening and spoken language education by providing services that assist schools and programs to increase effectiveness, efficiency and ability to teach children to listen and talk. List of member schools and family resources.

SKI*HI Institute

Utah State University
6500 Old Main Hill
Logan, UT 84322-6500
(435) 797-5600
skihi@cc.usu.edu <mailto:skihi@cc.usu.edu>
<https://skihi.org>
Early intervention curriculum and programming for children with hearing and/or vision loss and multiple disabilities, Western Regional Early Intervention Conference (WREIC).

Speechreading

http://www.michdhh.org/assistive_devices/speechrea

[ding.html](#)

Contains information about speechreading also called lipreading, link to an online course for a fee.
<https://www.lipreading.org>

Visual Language and Learning Center at Gallaudet University

<https://vl2.gallaudet.edu/>
To improve learning through an understanding of the behavioral and brain mechanism of learning primarily through vision.

Hearing Aids, Sign Instruction, Technology Sources

ADCO Hearing Products, Inc.

4242 South Broadway
Englewood, CO 80113
(800) 726-0851 or text: 415-625-0036
sales@adcohearing.com
<https://adcohearing.com>
Specialty retail products for communication, hearing.

The ASL App

Accessible app with over 800 signs. On the App store and iTunes.

ASL Deafined

<https://asldeafined.com>
Learn ASL through video courses and lessons, community, parents, or Deaf students. Free three-day trial.

ASL Nook

Family friendly ASL storytelling and vocabulary with the McFeely family, on YouTube and Facebook.

ASLpro

<https://www.aslpro.com>
Free reference and learning tools to enhance ASL learning for teachers and students.

Butte Publications

<https://www.maxiaids.com/butte-publishing>
Publishes educational materials for students who are deaf/ hard of hearing, their teachers, parents and professionals in the field.

Hayleigh's Cherished Charms

cherishedcharms@gmail.com
<https://HayleighsCherishedCharms.com>
Etsy: HayleighsCharms is an Etsy shop created by a young girl who wanted to decorate her own hearing aids. (Many more on Etsy and within Colorado)

KidSource Online

<https://kidsource.com>
Q and A on education, technology, special needs, family life and health on topics related to children.

Lifeprint

Also called ASL University

<https://lifeprint.com>

30 Free, in-depth video lessons for ASL, with dictionary and fingerspelling practice app.

National Cued Speech Association

5619 McLean Drive

Bethesda, MD 20814-1021

(800) 459-3529

Email: info@cuedspeech.org

<https://cuedspeech.org>

For general information, resources, and local contacts for Cueing.

Nyle DeMarco Foundation

<https://nyledimarcofoundation.com>

Popular model and entertainer began this website to encourage parents to use ASL. Videos, support, information about LEAD-K, an educational initiative to support ongoing language assessment in the critical early years. Cueing.

Oticon

<https://www.oticon.com>

Pediatric and adult hearing aids, wireless connectivity, troubleshooting guide, referrals.

Phonak

<https://www.phonak.com/us/en.html>

Hearing aids, wireless and FM, GAP planning guide for teens and transition, troubleshooting, apps.

S.E.E Center for the Advancement of Deaf Children

(562) 430-1467

seecenter@seecenter.org

<https://seecenter.org>

The S.E.E. Center seeks to promote early identification and intervention; the development of improved English skills; the understanding of the principles of Signing Exact English and its use; to promote information to parents on deafness and related topics. Facebook community page.

Signing Savvy. LLC

<https://www.signingsavvy.com>

Sign language dictionary with videos of ASL signs used within the U.S. and Canada. Five free signs per free registration, can join for unlimited experience.

Signing Time

<https://www.signingtime.com>

Sign language DVDs from the popular television show, <http://signitasl.com> lessons available to all parents of a child who is deaf or hard of hearing. Lessons free to parents of babies birth to three at <https://www.mydeafchild.org/#welcome>

Cochlear Implant Manufacturers: See page 16-17.

SERVICE CLUBS THAT SUPPORT PROGRAMS FOR SPEECH & HEARING**Business and Professional Women's Clubs, National Federation**

1718 M Street, NW, #148

Washington, DC 20036

(202) 293-1100

<https://bpwfoundation.org/>

Civitan International

PO Box 130744

Birmingham, AL 35213-0744

(800) CIVITAN

<https://civitan.org/>

Lions Clubs International

300 West 22nd Street

Oak Brook, IL 60523

(630) 571-5466

<https://www.lionsclubs.org/en>

Sertoma International

1912 East Myer Boulevard

Kansas City, MO 64132

(816) 333-8300

<https://www.sertoma.org/>

Kiwanis International

3636 Woodview Place

Indianapolis, IN 46268-3196

(800) 549-2647

<https://www.kiwanis.org/>

Pilot International

102 Preston Court

Macon, GA 31210-5768

(478) 477-1208

<https://www.pilotinternational.org>

Quota International

(Dissolved – but Quota Club of Northern Colorado Lives on!)

<https://quotclubofnortherncolorado.com/>

Rotary International

One Rotary Center

1560 Sherman Avenue

Evanston, IL 60201

(847) 866-3000

www.rotary.org

BOOKS AND ARTICLES

101 FAQs About Auditory Verbal Practice. A.G. Bell Association for the Deaf and Hard of Hearing, 2012. Experts in the field provide up-to-date information for everyone in the child's life, taking the reader through current theory, practice and evidence-based outcomes in auditory verbal practice.

American Sign Language Dictionary. Sternberg M.L.A. New York: Harper and Row.

A Child Sacrificed to the Deaf Culture. By Tom Bertling. Wilsonville, Or: Kodiak Media Group, (1994)

Balancing Act. By Virginia M Scott. Butte Publications, Inc., (1997)

Bilingualism and Bilingual Deaf Education (Perspectives on Deafness). 1st Edition (2014) Marschark, Tang and Knoors

The Book of Choice: Support for Parenting a Child Who Is Deaf or Hard of Hearing. Edited by LEEANNE SEAVER (2010) <http://handsandvoices.org/resources/products.htm>

Building Skills for Success in the Fast-Paced Classroom: Optimizing Achievement for Students with Hearing Loss: Karen Anderson, ToD, 2011 Butte Publications. A resource for teachers, audiologists, therapists and parents of students in today's classrooms. See more at <http://successforkidswithhearingloss.com/building-skills-book/>

Choices in Deafness: A Parent's Guide. A collection of family stories about their deaf child and the communication method they use. Edited by Sue Schwartz, Ph.D. Woodbine House, 2007

Cochlear Implants in Children: Ethics and Choices. John B. Christianson and Irene W. Geigh Washington, D.C.: Gallaudet University Press, 2002. Covers the ongoing controversy about cochlear implants in children. Describes findings from a Gallaudet Research Institute survey with interviews of parents of children who have implants.

Cochlear Implants for Young Children. Edited by Barry McCormick and Sue Archbold, Whurr Publishers, 2003.

Deaf in a City of Music. Poppy O'Guin Steele 2016. A sign language interpreter chronicles the stories of Deaf children in Nashville and surrounding areas who are subject to abuse and neglect. The realities of these deaf or hard of hearing children serve as a call to arms for awareness, connection and prevention efforts.

Deaf History Unveiled. Sixteen essays offer the current results of Harlan Lane, Renate Fischer, Margret Winzer, William McCagg, and 12 other noted historians in this field. John Vickrey Van Cleve, Editor

Deaf Plus: A Multicultural Perspective. K.M. Christensen, Ed. Berkeley, CA: DawnSignPress, 2000 Eleven essays with information for teachers, administrators, psychologists, social workers, and families with deaf children about the multilingual and multicultural dimensions of the Deaf Community, including education/social needs of deaf children with Spanish-speaking heritage.

Deaf President Now: History Behind DPN at <https://www.gallaudet.edu/about/history-and-traditions/deaf-president-now/the-issues/history-behind-dpn>

Developing Listening and Talking Birth to Six. 3rd Edition (2016). Elizabeth Cole, Carol Flexer. Updated, focusing on brain-based listening and spoken language and family-focused intervention.

Educational Advocacy for Students Who are Deaf or Hard of Hearing. DesGeorges, Johnson, Seaver, Hands & Voices, 2023 (revised). Understanding the law, advocacy tools and strategies for parents of deaf/hard of hearing students. Also in Spanish. Available at <https://www.handsandvoices.org/resources/products.htm>

El Deafo. CeCe Bell, 2014. The author chronicles her hearing loss at a young age due to meningitis in a funny, poignant graphic novel. CeCe can hear things she shouldn't which gives her (awkward) super powers!

The Feel of Silence. A compelling memoir about a lawyer and professor with a profound hearing loss surviving the trials of accommodating the hearing world, by Bonnie Poitras Tucker, J.D. Temple University Press, (1996)

From Emotions to Advocacy: The Special Education Survival Guide. 2nd Edition, 2006. Pam Wright and Pete Wright, Harbor House Law Press, Inc. Hartfield, VA 23071 <https://www.wrightslaw.com>

How Deaf Children Learn: What Parents and Teachers Need to Know, by Marc Marschark and Peter C. Hauser, Researchers describe how deaf children learn and most beneficial educational situations. Oxford University Press, 2011.

I Can Hear You Whisper: An Intimate Journey Through the Science of Sound and Language. Lydia Denworth. Plume, 2015. An acclaimed science journalist chronicles her search for answers about her third child's late-identification of hearing loss and the relationship between sound, language and learning.

Kid-friendly Parenting with Deaf and Hard of Hearing Children. By Daria J. Medwid, Denise Chapman Weston. Washington, D.C.: Clerc books, 1995. (Older resource but excellent!)

Listen with the Heart: Relationships and Hearing Loss. Michael A. Harvey. 2001. A counselor shares ten true stories of parents, children and spouses who are transformed by helping each other heal and grow.

The Mask of Benevolence: Disabling the deaf community. Harlan Lane. New York: Knopf, 1992.

My Sense of Silence: memoirs of a childhood with deafness. by Lennard J. Davis. Urbana: University of Illinois Press, 2000.

Never the Twain Shall Meet: Bell, Gallaudet, and the Communications Debate. Richard Winefield

Not Deaf Enough: Raising a Child who is Hard of Hearing with Hugs, Humor and Imagination. Patricia Ann Morgan Candlish, Washington, D.C.: A parent's perspective provides an overview of services for hard of hearing children. AG Bell, 1996.

One Mother's Story. Modern Signs Press. An inside view of a family that decides to raise two young deaf children. www.modernsignspress.com, 2006.

Our Forgotten Children: Hard of Hearing Pupils in the Schools. Edited by Julia Davis, Ph.D., SHHH Publications, 3rd edition, 2001.

The Passionate Lives of Deaf and Hard of Hearing People. Karen Putz. Features stories of deaf and hard of hearing people doing what they love to do. They've climbed mountains, raced cars, championed causes, traveled the world, and more, with more than 25 stories across diverse professions and interests. CreateSpace Independent Publishing Platform, 2013.

The Parenting Journey, Raising Deaf and Hard of Hearing Children. Karen Putz. The author grew up hard of hearing and became deaf as a teen. Parenting three children who were deaf/hard of hearing presented a whole different challenge. CreateSpace Independent Publishing Platform, 2012.

The Signing Family: What Every Parent Should Know About Sign Communication. David A. Stewart. Washington, D.C.: Gallaudet University Press, 1998.

Signing Exact English Dictionary. Gustason, Zawalkow, Modern Signs Press. 1993. Also, S.E.E. Online Dictionary with ability to print out signs of various sizes and transcribe phrases and sentences.

Signing Exact English Using Affixes. McDavitt and Stephenson, Modern Signs Press, 2003.

Signs for Me. Basic sign vocabulary for children, by Bahan, B., & Dannis, J. (1990) Berkeley, CA Dawn Sign Press

The Silent Garden. 3rd Edition. Paul Ogden's book on parenting drawing on his hundreds of interviews of parents and his experience in deaf education, now with co-author David Smith. A prior 2nd edition is also in Spanish.

Sounds Like Home. Growing Up Black and Deaf in the South, by Mary Hering Wright

Special Children, Challenged Parents: the struggles and rewards of raising a child with a disability. Robert A Naseef. Secaucus, N.J.: Carol Pub. Group, (1997)

Special Education Battlefield: A guide to the Due Process Hearing and Other Tools of Effective Advocacy. Andrew Cuddy, Esq. 2007, Ithaca Press.

Thirty Million Words: Building a Child's Brain. Dana Suskind, M.D. (2015) Based on scientific research that shows the critical importance of early language exposure on the developing child, and the inequities in language for children of lower socioeconomic levels. Practical ways to close the ever-widening achievement gap for all. Visit the TMW website at <http://thirtymillionwords.org>.

What's That Pig Outdoors? Henry Kisor. (1990). An inspiring autobiography of Henry Kisor, a book editor and columnist for the Chicago Sun Times who is deaf.

When the Mind Hears. Harlan Lane. A history of the Deaf, presenting the fundamental issues and controversies confronting deaf people.

When Your Child is Deaf. David M. Luterman with audiologist Mark Ross, who is hard of hearing, New York Press.

Wrightslaw: Special Education Law. Peter W.D. Wright and Pamela Darr Wright Harbor Law Press, 2nd edition 2007, with updates available online at <https://www.wrightslaw.com>

VIDEOS

Described and Captioned Media Program

National Association of the Deaf

1447 E. Main Street

Spartanburg, SC 29307

800-237-6213 (VOICE); 800-237-6819 (TTY); 800-538-5636 (FAX)

Email: info@dcmp.org or info@dcmp.org

www.dcmp.org

What Is the Captioned Media Program? Free-loan Media (no rental fees) that is captioned for deaf and hard of hearing people, and described for people with vision impairment. Many videos are immediately viewable. Funded by the U.S. Department of Education; Includes prepaid return labels; Deaf and hard of hearing persons, teachers, parents, and other may borrow materials; Other services include provision of free captioning information.

What Media Is Available? Over 4,000 educational and general-interest open-captioned titles available; Educational titles include topics in school subject areas, preschool through college; Lesson guides accompany educational videos; General-interest titles include classic movies and special-interest topics such as travel, hobbies, recreation, and others; Approximately 300 new titles are added each year (users recommended new title purchases)

Building conversations: A family sign language curriculum, produced by Boys Town National Research Hospital. (2 tapes) www.boystownpress.org/

Come Sign with Us. Children can learn sign language from the popular activities featured in the best-selling book: "Come sign with us" on videotape. Gallaudet University Press <http://gupress.gallaudet.edu/2794.html>

Early Intervention Illustrated Series: "The Home Team" and "The Art & Science of Home Visits." To view these tapes, contact your Colorado Hearing Resource (CO-Hear) Coordinator. To purchase a copy, contact Boys Town Press or go to <http://handsandvoices.org/resources/products.htm>

HOPE (Home and Family Oriented Program Essentials): A list of videos on many topics, including sign language, hearing aid management, and more. Hope, Inc. 1856 N. 1200 East, North Logan, Utah 84341, 435-245-2888 <http://hopepubl.com/>

Loss & Found: A video from Hands & Voices describing the importance of following up on hearing screening. Can be useful for extended families to learn about hearing loss, also in Spanish and captioned. <https://handsandvoices.org/virtual-waiting-room/video.html>

Once Upon a Sign, 2015 Dawn Sign Press. A series of award-winning classic children's stories re-created with modern themes and performed entirely in ASL. Delight all over again in timeless stories with new twists. Key sign recaps and activity booklets. Jack and the Beanstalk, Stone Soup, Goldilocks and three more. <https://dawnsign.com>

Pathways to Language and Communication Pathways to Language and Communication: A film that examines all communication choices without bias; from Beginnings, 919.715.4092

Read With Me Series: Brenda Schick and Mary Pat Moeller; Boystown Press <https://boystownpress.org>

Sign Enhancers: Showing ASL use, (800) 767-4461 <https://signenhancers.com>

Sign With Me: Sign With Me Series--A Family Sign Language Curriculum. Boystown Press Brenda Schick and

Mary Pat Moeller <https://boystownpress.org>

Sound and Fury: 6 Years Later: Consumer Edition, by Aronson Films, the story of the Artinian family and cochlear implants, 2006, hosted at DCMF. <https://www.youtube.com/watch?v=H36Cy30OUx4>

The Time is Now: We think THE TIME IS NOW for Hands & Voices families and professionals--every one of them linked in the community of the deaf and hard of hearing--sharing the same thought: to move beyond the methodology wars and join our Hands & Voices mission of non-biased support to families with children with hearing loss; <https://handsandvoices.org/resources/products.htm>

We are Hands & Voices: Introduction to Programs A video presentation describing parent involvement and the Hands & Voices philosophy, organization, and programs. <https://www.handsandvoices.org/fl3/basic-training/we-are-hv-intro-programs.html>

On the Web:

Christine Sun Kim: An artist who was born deaf discovers similarities between American Sign Language and music that can be felt, seen, and experienced. Open your eyes and ears to participate in a rich treasure of visual language. https://www.ted.com/talks/christine_sun_kim_the_enchanting_music_of_sign_language

Keith Nolan: Shares his story of advocating for himself and other deaf/hard of hearing citizens to be able to join the military. https://www.ted.com/talks/keith_nolan_deaf_in_the_military

Nyle DiMarco: Meet My Deaf Family: The model shares some background about his life and work. <https://www.youtube.com/user/nyle222>

Rachel Kolb: Stanford graduate and Rhodes scholar Rachel Kolb shares “Navigating deafness in a hearing world”. sharing about the importance of family support and self-belief in the diverse world of being deaf today.

<https://www.youtube.com/watch?v=uKKpjvPd6Xo>.

See also her video on speechreading: Seeing at the Speed of Sound (What it is like to read lips)

<https://www.youtube.com/watch?v=n1jLkYyODsc>

Ren Putz: Confidence: Deaf in a Hearing World: a young deaf actress shares her story of gaining confidence with humor and substance. Signed, voiced, and captioned. <https://www.youtube.com/watch?v=fy8huTWmhHg>

Rikki Poynter: A young deaf “Youtuber” moves from “I am not really deaf” to beginning to advocate for herself and tips for other deaf students. Spoken and transcribed. <https://blog.ai-media.tv/blog/rikki-poynter-my-high-school-experience>

Through Deaf Eyes: a two-hour award-winning PBS documentary of 200 years of Deaf life in America in all of its diversity, with discussion guide and links. <https://www.pbs.org/weta/throughdeafeyes/>

What do you love about being deaf? A short independent film at Lexington School for the Deaf:

<https://www.pbs.org/video/independent-lens-what-do-you-love-about-being-deaf/>

TERMS AND DEFINITIONS

Definitions were adapted from numerous sources including The American Speech-Language-Hearing Association and infanthearing.org.

ABR/AUDITORY BRAINSTEM RESPONSE:

A test that measures the hearing potential of the auditory nerve. The ABR gives information about the inner ear (cochlear) and the pathways for hearing. The baby or child can be sleeping, quiet, or sedated, while electrodes are placed on the head and brain waves are recorded in response to sounds across frequencies. Also called: BAER (Brainstem Auditory Evoked Response) and BSER (Brainstem Evoked Response) and sometimes AABR (automated ABR) which is more limited than the full ABR and used for newborn screening.

ACOUSTICS:

The properties of a room or building that determine how well we can hear and focus, i.e., “Symphony Hall as perfect acoustics: I can hear the concert well from every seat.” Acoustics refers to the quality (noise and reverberation or echo levels) of the sound environment that can make it easier or more difficult for children to hear and concentrate. Classroom acoustics standards continue to be developed. Read more here: <https://acousticalsociety.org/wp->

content/uploads/2018/02/classroom_acoustics_11.pdf.

ACQUIRED HEARING LOSS:

Hearing loss which develops after birth, sometimes called late onset. Just as many children develop hearing loss in childhood as are born with hearing differences (about 3 per 1000 babies).

ADVOCACY:

Literally, advocacy means “to speak up for.” For parents, taking an active role in developing and monitoring their child's educational program or rights to communication or other access in the community. Advocacy involves knowing what rights you and your child have by law, and actively participating in the decision-making process to ensure that the services are delivered in line with your goals for your child's development and education. A child or adult taking on this role might be called self-advocacy.

AMBIENT NOISE:

The background noise in an environment competing with the primary sounds of speech.

AMERICAN SIGN LANGUAGE:

American Sign Language (ASL) is a fully developed visual language with distinct grammar, structure, and art forms. It is the language of American Deaf Culture and is considered a world language for high school and college credit in Colorado.

AMPLIFICATION:

The use of hearing aids and other electronic devices to increase the loudness of a sound for improved understanding.

ASSISTIVE COMMUNICATION DEVICES: also “Assisted Listening Devices” or ALDs

Devices and systems other than hearing aids that increase access for people who are deaf/hard of hearing. These include FM (frequency modulation) systems, infrared, special connectivity devices for telephone, television, computer use, and amplified or visual alarms and signals, wireless listening systems, and apps for a variety of purposes, like captioning. Also called hearing assistance technology or HAT.

AUDITORY STEADY STATE RESPONSE (ASSR):

Like the ABR, the ASSR is a measure of the brainstem's responses to particular auditory stimuli. It is a diagnostic test given at or around the same time as an ABR for a child or an adult who is quiet, or under sedation or natural sleep as needed. ASSR technology offers the audiologist an additional method to determine your child's hearing across different frequencies. The equipment has higher upper limits than traditional ABR, helping the audiologist to more accurately differentiate between severe and profound hearing loss.

AUDIOGRAM:

A graph on which a person's ability to hear different pitches (low to high frequencies) at different volumes (softer to louder) of sound is recorded. An audiogram records the type, degree and configuration of the hearing loss. The audiologist uses a red “O” to indicate the right ear and a blue “X” to record the left ear at the Decibel (dB) level of the softest sounds perceived across different frequencies.

AUDIOLOGICAL ASSESSMENT:

An evaluation of hearing ability with related history through a variety of tests for the ear, how your child reacts to sounds, the ear's and the brain's response to sound. Tests include pure-tone thresholds, speech and word recognition measurements determining the type and degree of hearing loss. Additional measures such as acoustic immittance, acoustic reflex, otoacoustic emissions, understanding speech-in-noise, and procedures to identify the need for amplification or verify the fitting of amplification are included as needed. ABR, ASSR, OAE, Real Ear, tympanometry and balance testing if needed are some evaluation measures parents will likely see.

AUDIOLOGIST:

A specialist trained to test hearing ability and provide technology to assist people who are deaf or hard of hearing of all ages. When specializing with children in school placements, they are known as educational audiologists; otherwise, they are known as clinical audiologists. Not all audiologists have pediatric expertise or specialized equipment. Audiologists may be certified by either the American Speech-Language-Hearing Association or the American Board of Audiology. Colorado requires audiologists to hold a license to practice. Hearing aid dispensers have much different training, background, and responsibilities. See page 9.

AUDIOMETRY:

When the child can show a consistent response to sound (usually about six months) the audiologist may test your child's behavioral response to sound, giving more details about a child's level of hearing. **Visual Reinforcement**

Audiometry (presenting a sound and training the young child, six to 18 months of age, or as needed to respond by using a rewarding toy with flashing lights/moving parts) and **Conditioned Play Audiometry** (teaching a child to respond when a sound is hearing by playing some type of game, i.e. completing a simple puzzle for each sound) when the child is a bit older, at 18 months to 48 months or as needed.

AUDITORY NEUROPATHY or AUDITORY NEUROPATHY SPECTRUM DISORDER: (AN, ANSD)

An auditory disorder that disrupts the synchronous activity of the hearing system with hearing levels that can range from normal to profound hearing loss. There is high variability in individual effects with most common complaint of hearing sounds but not comprehending what is heard. Fluctuating hearing and even improvement over time is sometimes seen. Because of the high variability between children, audiology practice varies as well. See page 21 for more description and a link to listen to a simulation.

AUDITORY PROCESSING DISORDER:

In this sensory processing disorder, hearing acuity itself is normal but the ability to process and understand what is heard is affected; listening in background noise is a common symptom. There is significant variability from mild listening problems to auditory processing disorders. Some improve with age. Treatment may be similar to those with hearing loss. Most problems are diagnosed at about seven to eight years of age. It is difficult to assess processing in the presence of a hearing loss and takes specialized training.

AUDITORY TRAINING or AUDITORY SKILLS DEVELOPMENT:

The process of building skills in listening using a child's remaining or residual hearing and technology to be able to recognize, identify, and interpret sounds, especially speech. Training, or therapy, may be provided by a speech language therapist, audiologist or teacher of the deaf/hard of hearing. Sometimes called aural habilitation or rehabilitation, it is designed to help children with hearing loss use their hearing effectively from simple to complex tasks and situations. This may occur in early intervention and school services, or when a child has a change in hearing, or receives new equipment, such as a cochlear implant.

BILINGUAL/BICULTURAL:

An approach to teaching; valuing both English language and Deaf Community/ASL culture, also called bi-bi.

BILATERAL HEARING LOSS

A hearing loss in both ears. Unilateral hearing loss or single-sided deafness (UHL or SSD) is hearing loss in one ear.

BINAURAL:

Relating to both ears, as in "binaural hearing aids" or bilateral hearing aids (both ears).

BONE CONDUCTION:

Sound is delivered through the bones of the skull.

CHRONOLOGICAL AGE/ADJUSTED AGE:

Chronological age refers to how old a child is based on the date of birth. When a baby is born prematurely, development may be discussed based on the "adjusted age" taking into account the time between the premature birth and the actual due date had the baby been born at full term. Adjusted age in the early months gives a more accurate picture of where developmental levels are expected.

COCHLEAR IMPLANT or CI:

An electronic device that is surgically implanted in the cochlea of the inner ear for children and adults who have severe-profound hearing loss and do not benefit from hearing aids. See page 17 for more detail. The cochlear implant used with an external processor transmits auditory information directly to the brain, by-passing damaged or absent auditory nerves. Technically, the processor synthesizes hearing of all sounds, but the CI user must learn to attach meaning to sounds. This is called auditory "habilitation" or "rehabilitation". See page 17 for more details on cochlear implants.

COGNITIVE:

Refers to the ability to think, learn and remember.

CONDUCTIVE HEARING LOSS:

A loss of sensitivity to sound resulting from an abnormality or blockage of the sound pathway through the outer to the middle ear (see the diagram of the ear on page 20). In children, conductive loss is often medically correctable, as in ear infections (otitis media) or fluid. changed anatomy, and other processes that affects the motion of the tympanic membrane (eardrum) or ossicles (the three tiny bones that vibrate with sound). See Microtia/Atresia for one example of conductive hearing loss.

CONGENITAL:

Present at birth, may or may not be hereditary.

CUED LANGUAGE (sometimes called CUED SPEECH):

A mode of communication using the mouth and hand to visually distinguish the phonemes of English spoken language. There are eight handshapes (cues) indicating groups of consonants and four positions around the face indicating vowel sounds. English and other spoken languages can be cued.

CYTOMEGALOVIRUS:

A common virus that causes significant disabilities and hearing loss in unborn babies when mothers are infected. It is a mild illness for young children and adults. Testing and antiviral treatment is available but not universally given at this time. (See CMV Foundation.)

DEAF:

Medically and clinically speaking, a hearing loss in the severe to profound range, making linguistic information inaccessible through amplified hearing alone. Socially, when used with a capital letter "D," Deaf refers to the cultural heritage and community of deaf individuals, i.e., the Deaf culture or community. In this context, Deaf applies to those whose primary receptive channel of communication is visual.

DEAF-BLINDNESS:

Hearing loss and visual impairments of any degree occurring together. In Colorado, a significant hearing loss together with vision loss may make a child eligible for the Deaf-Blind Project through the Colorado Department of Education and targeted supports.

DEAF COMMUNITY or DEAF CULTURE:

A group of people who share common interests and a common heritage related to Deafness and American Sign language (ASL). The Deaf community is comprised of individuals, both deaf and hearing, who respond with varying intensity to particular community goals which derive from Deaf cultural influences, shared history, arts, traditions, and a shared experience of deafness. An emphasis on Deafness as a positive state of being is key. A capital "D" is used when referring to the community or cultural aspects of Deaf people who use American Sign Language.

DEAF/HH PLUS:

A general term referring to an additional consideration to deafness or hearing loss. More than 40% of children experience another condition, syndrome, or learning challenge along with a hearing difference, including autism, Down Syndrome and other syndromes, cerebral palsy, intellectual disability, or others. Hearing loss can be genetic or non-genetic, and relate to a syndrome or not. is related to a syndrome

DECIBEL (dB):

The unit of measurement for the loudness (or intensity) of a sound. The higher the dB, the louder the sound. See Audiogram of Familiar Sounds, page 22.

DORA (DEPARTMENT OF REGULATORY AGENCIES):

This state government office oversees the licensure of many professions, including audiology and speech language pathology among others as a protection to the public. Any concerns about a licensed professional's actions related to working with your child should be reported to their supervisor (if possible) and to DORA at 303-894-7800. See more at <https://dpo.colorado.gov/>

EARMOLD:

A custom made plastic or vinyl piece which fits snugly into the ear canal and outer ear to connect a hearing aid. Children's ears grow rapidly and require frequent new earmold fittings. Colors range widely.

EDUCATIONAL INTERPRETER: (EI)

EI's provide communication access to students who are deaf/hard of hearing and their educators, peers and school staff by accurately representing the classroom instruction, dialogue, and relevant sound information in the mode of communication used by the student. (See modes on page 12 and 13 and in the Communication Plan.) EI's meet specific education and skills criteria, and are considered a related service provider on an IEP team or are listed in the accommodations of a 504 Plan for a student in general education. A high knowledge of sign language, Deaf culture and hearing culture, the code of ethics, as well as content knowledge and preparation is needed for successful interpretation. A **community interpreter** does not necessarily have a working knowledge of childhood language, social-emotional, or cognitive development, and may have additional certification in legal or medical interpreting, with systems, ethics, and content knowledge required.

ELIGIBILITY:

A child must be determined eligible for special education services based on specific allowable conditions and

adverse educational effect for Part B (age three to age 21 years) services. Part C requires a significant expectation for delay or a documented delay in development for babies and toddlers up to three years. Eligibility must be reviewed every three years while served on an IEP.

ENT:

A medical doctor, who specializes in the treatment of problems of the ears, nose and throat. (See otologist.)

FEEDBACK:

Feedback is a whistling sound produced by the hearing aid. The amplified signal generated by the receiver of a hearing aid “leaks” outside the ear mold or aid-in-the-ear, and enters the microphone, and then is re-amplified. For children with behind the ear aids (BTE’s) it generally means the earmolds need to be resized. (The same thing happens when a presenter uses a microphone too close to speakers.)

FINGERSPELLING:

Fingerspelling is a standardized series of handshapes for each letter of the alphabet that are used to form words. Fingerspelling is used for proper names, abbreviations, and when there is no sign for a particular word or concept. Early fingerspelling has been found to show increased literacy skills in children.

FM SYSTEM:

Hearing Assistance Technology (HAT) that transmits the speaker's voice via a frequency modulated (fm) signal to an electronic receiver worn by the listener. The receiver may be in a hearing aid or other personal device. Personal FM systems reduce background noise interference, distance and competing speakers. Highly recommended in classroom listening situations for children who use amplification.

FREQUENCY:

As this word relates to sound, frequency is the number of vibrations per second of a sound. Frequency, expressed in Hertz (Hz), determines the pitch of the sound. See Audiogram of Familiar Sounds, page 22.

GENETIC COUNSELING:

Provides genetic diagnosis and guidance for people and children. This is a growing field, and more information is available about reasons your child may have a hearing difference and potential other considerations. Will my child’s hearing get worse? Will I have another child who is D/HH? These are questions that can be addressed by a genetic counselor. **Genetic testing** involves formal testing through physical examination, family history, medical testing, and tissue samples to look at genes. It can confirm or rule out other conditions that may be helpful to know when making communication decisions or other health care planning for children. Gene therapy is quickly developing field that parents may be asked to consider as the field develops.

HARD OF HEARING:

Generally, used to describe a person who uses residual or amplified hearing. This term is preferred over "hearing impaired" which infers “brokenness” per the Deaf and Hard of hearing community. Individuals identify with the description of their choice.

HEARING AID:

An electronic device that amplifies and delivers sound to the ear. The purpose of a hearing aid is to improve speech reception and intelligibility.

HEARING SCREENING:

An audiometric procedure to identify the ability to hear limited frequencies at an intensity above normal hearing. The purpose is to identify individuals with potential hearing loss, with minimal time expenditure, and to refer them for full diagnostic evaluation if needed. Babies are screened at birth, and children are screened for hearing periodically throughout the school years.

HEARING LOSS or Levels (Types)

Categorized by which part of the auditory system is impacted: **conductive** (middle ear), **sensorineural** (including auditory neuropathy) inner ear) or **mixed** hearing loss (both.) Hearing loss is also **bilateral** (both ears) or **unilateral**. Hearing loss may be **congenital** (before or at birth) **progressive** (worsening over time) or **late onset** (occurring after early childhood.) (Also see prelingual.)

I.D.E.A.:

The Individuals with Disabilities Education Act is a federal law that requires schools to serve the unique needs of eligible students with disabilities. First passed in 1975 and last re-authorized in 2004, it provides for evaluation, specially designed instruction and related services designed to give access to a free and appropriate public education

(FAPE) in the least restrictive environment (LRE). Parents are part of the educational team who designs the IEP which spells out services, goals and accommodations. Part C covers children birth to three years of age, and Part B covers three to age 21 or when a student graduates from high school. Students not found eligible for Part B may also have accommodations under Section 504 of the Americans with Disabilities Act. See <https://idea.ed.gov/> for more information.

INCLUSION:

Often used synonymously with the term "mainstreaming," this term refers to the concept that students with disabilities should be integrated and included to the maximum extent possible with their (typically developing) peers in the educational setting. Inclusion is meant to assure that children with disabilities are equal members of the general education classroom and provided services in separate settings only as determined by the IEP. (See mainstreaming.) For deaf/hard of hearing children, inclusion requires a language-rich environment.

INDIVIDUAL FAMILY SERVICE PLAN (IFSP):

A written plan developed by parents or guardians and a multidisciplinary team with knowledge of childhood early intervention for hearing loss. The IFSP addresses the family's strengths, needs, concerns, and priorities, identifies support services and goals addressing needs, and empowers families to meet the developmental needs of their child. IFSPs update every six months or as needed. (See Part C.)

INDIVIDUALIZED EDUCATION PROGRAM (IEP):

A written program which identifies the specially designed instruction (content, methodology, delivery), goals and services designed to meet the unique needs of an eligible school-aged student with a disability and provide a "Free and Appropriate Public Education." (FAPE.) "Special factors" under IDEA (34CFR300.324(2)(iv) for students with hearing loss require the IEP team to consider 1) the communication and language needs of the child, 2) opportunities for direct communications with peers and professionals in the child's communication mode, 3) academic level, 4) full range of needs, 5) opportunities for direct instruction in the child's language and communication mode, and 6) need for assistive technology. In Colorado, Special Factors form the Communication Plan that is required for every student on an IEP identified as deaf/hard of hearing. IEPs may be initial, including evaluation and eligibility, an annual review, a triennial, (every three-year evaluation/eligibility review) or a transition IEP (annually after age 14 until exiting from school or special education). <https://sites.ed.gov/idea/> Advocacy help at <https://co-hv.org/astra-finding-support-for-educational-advocacy-questions/>

INTONATION:

The aspect of speech and voice quality made up of changes in stress and pitch in the voice, making speech sound expressive and almost musical. Speech without appropriate intonation is called "atonal" or "without intonation."

LANGUAGE DEPRIVATION:

The concept that D/HH children born into families without good access to language and communication will be delayed in language due to lack of meaningful exposure. Hands & Voices focuses on that parents can do to ensure children thrive in their language development (language thrivation). See your Parent Guide for practical ideas.

LEAST RESTRICTIVE ENVIRONMENT (LRE):

A basic principle of the IDEA which requires public schools and agencies to consider the general education classroom with supplemental aids and services and mainstreaming the child to the maximum extent appropriate with typically developing peers before considering a more restrictive environment. Special classes, separate schooling, or removal of students on IEPs from the regular educational environment should occur only when the nature or severity of needs makes general education class inclusion with supplementary aids and services unachievable. In deaf education, sometimes families advocate for language rich environments, particularly for children with low-incidence conditions or requiring direct instruction in sign language and a critical mass of peers.

LING SOUNDS:

Six sounds that represent all common frequencies of speech. Asking a child to repeat the Ling Six Sound test is a simple way to check if a child can perceive all speech sounds clearly. Check right and left ear separately, and then together, with random order sounds and no visual cues. The Ling Sounds are ah/oo/ee/ss/sh/mm. Researchers Madell and Hewitt added /n/, /h/, /z/, and /dj/ for better screening of low, mid and high frequencies. See more at http://www.janemadell.com/LMH_Discussion.pdf

MAINSTREAM or MAINSTREAMING:

Placing students with disabilities in general education classrooms, for some or all parts of the school day, based on the student's IEP to allow for education along with typically developing peers. The term differs from inclusion,

which refers to a child as a full member of the general education classroom.

MICROTIA:

Microtia means that the outer ear (pinna) is not fully developed. The term literally means little ear (micro+otia). Microtia occurs in one out of 6,000 to 12,000 births, and is often accompanied by **atresia**, or absence or closure of the ear canal. An automatic referral to a pediatric audiologist is recommended when a baby is born with Microtia: hearing screening will not be valid. Microtia may affect one ear or both (unilateral or bilateral.) See page 15 for more information.

MORPHEME:

A linguistic unit of relatively stable meaning that is a foundation of language and can't be broken down into smaller, meaningful parts. *Boy* is a single morpheme, *boys* represents two morphemes. *Walk* is one morpheme, *walked* is two morphemes (*walk* and *ed*).

MULTI-DISCIPLINARY ASSESSMENT:

Qualified persons representing two or more disciplines or professions, e.g., a speech-language therapist and an audiologist, conduct this assessment and evaluation of the child. The child's development is evaluated to determine if there are any delays or conditions that would indicate the need for special services.

NATIVE LANGUAGE:

The first language learned by a child. For children with significant hearing differences, consideration may need to be given to whether the child has/had access to the language used by the family. Sometimes called the "L1" for primary language and is documented on the Communication Plan if on an IEP.

ORAL:

A nonspecific term sometimes used when referring to individuals with hearing loss and deafness who talk and don't necessarily use sign language. Emphasis is placed on use of residual hearing, speechreading and contextual cues to communicate using spoken language.

OTITIS MEDIA:

A middle ear infection. Children with recurring episodes may experience fluctuating hearing loss and may be at risk for speech/ language delays. Fluid can be present with or without infection and may cause temporary hearing loss, which can permanent loss.

OTOACOUSTIC EMISSION (OAE):

OAE's are soft sounds created by the inner ear when a typically functioning cochlea is stimulated by sound. Sound causes the outer hair cells in the cochlea to vibrate, producing a very soft sound that echoes back into the middle ear, and can be measured with a small probe in the ear canal. People with typical hearing produce emissions; those with hearing loss greater than 25-30 dB do not. "OAE" is also a procedure. It is a quick, routine part of hearing testing for babies and young children. Automated versions are used for infant hearing screening. There are two types of OAE tests: transient (TEOAE) and distortion product (DPOAE). OAEs can detect blockage in the canal, detect sensorineural hearing loss, and provide information about the conductivity (function) of the middle ear.

OTOLOGIST:

A physician and surgeon who specializes in medical problems of the ear. (See ENT.) A neuro-otologist is a subspecialty.

PARENT-INFANT PROGRAM:

A program of family-centered education and infant intervention which stresses early exposure to language and attention to developmental processes which enhance the learning language.

PART C:

Part C is the section of IDEA law referring to early intervention services available to children at risk for delays from birth to age three and their families. Children must have suspected risk for or documented delays to be eligible. The Colorado Home Intervention Program is a Part C service delivered by contract through the IFSP at no cost to the family. (Related meaning: Early Intervention or EI.)

PART B:

Part B is the section of IDEA that refers to special education and support services available to eligible school-age children from age three through twenty-one in public schools. Also refers to these school-age special education services delivered through the IEP.

PRE-LINGUAL DEAFNESS: (and POST- and PERI-LINGUAL DEAFNESS)

Refers to hearing loss, which is congenital or acquired before acquisition of language. A baby born with hearing loss has pre-lingual or congenital deafness. *Peri-lingual deafness* means hearing loss acquired during the time a child is learning language. *Post-lingual deafness* refers to hearing loss acquired after a child has learned language.

REAL-EAR MEASUREMENTS:

A series of tests for hearing aids that measure how volume and pitch are affected by the hearing aid user's ear size and shape. These measurements use a probe into the ear canal when the hearing aid is in, and show how effectively sound is amplified by the hearing aids in the ear. Real ear measurements are an important part of hearing aid fitting and adjustment based on the wearer's specific ear structure.

RESIDUAL HEARING:

The amount of hearing that is useable by an individual with a hearing difference.

SEMANTICS:

The system that governs the meanings of words and sentences. A typical semantic task: understanding that a Dalmatian is a member of the dog family and also a mammal, versus categorizing all dog breeds as simply "dogs."

SENSORINEURAL:

A type of hearing difference caused by a disorder of the inner ear (cochlea) and/ or auditory (hearing) nerve, most often irreversible.

SIGN LANGUAGE:

A nonspecific term for a visual, gestural communication using body, hand movements and facial expressions among deaf and hard of hearing people. Many countries have their own sign language (Auslan, British sign language, ASL) and these developed separately as visual languages. Sign language may also refer to English based systems of sign: see CASE or SEE.

SOUNDFIELD SYSTEM:

Hearing assistance technology (HAT) that amplifies the sound of the speaker's voice throughout a classroom so that listeners can hear regardless of background noise or location, also preventing vocal fatigue for the speaker. A microphone is worn by the speaker and speakers are strategically placed in the room. While beneficial to all listeners, soundfield is not customizable to a child with hearing a hearing difference individually, and teachers must repeat comments made by students or share a microphone for group discussion.

SPEECH RECEPTION THRESHOLD (SRT):

The lowest (softest) level at which an individual correctly identifies 50% of spoken words.

SPEECH-LANGUAGE PATHOLOGIST: (SLP)

A professional with a master's degree, working with individuals who have speech and language disorders. SLPs provide related services on the IEP team and support the development of language, pragmatics, and communication. Also called speech therapists.

SPEECH AWARENESS THRESHOLD (SAT):

This is the lowest (softest) level at which speech is perceived by a given individual.

SPEECH INTELLIGIBILITY:

The ability to make oneself clearly understood when talking, and often rated by familiar and unfamiliar listeners.

SPEECH ZONE (SPEECH BANANA):

A useful visual tool for describing where the sounds used in everyday human speech occur on an audiogram. The parts of speech that are commonly used are called phonemes, and include "ng," "th" and "s" as well as many more. When mapped on the graph, these phonemes form an almost banana-like shape. Hearing aids ideally amplify sound above this zone to increase listening comprehension.

SPEECHREADING:

Using what is seen on the speaker's lips, facial expression and gestures along with contextual clues to aid in understanding conversation. Also called lipreading, only 30% of English language sounds, or phonemes, are visible on the lips.

SYNTAX:

Defines the word classes of language, i.e., nouns, verbs, etc., and the rules for their combination, i.e., which words can be combined and in what order to make meaningful sentences.

TYMPANOGRAM:

A graph of middle ear function (how well sound passes through the eardrum to the middle ear system) ear canal volume and pressure. Fluid, infection, congestion (illness or allergy) or some other abnormality of the middle ear system will produce a distinctive graph that affects conductive hearing to some degree. Primary care providers and audiologists carry out this evaluation.

UNILATERAL HEARING LOSS:

A hearing loss in one ear, often abbreviated as UHL. Also, single-sided deafness, or SSD. Babies with UHL are not automatically eligible for early intervention, but the CO-Hear system provides information and developmental tracking so that families can be referred if a delay is noted. Parent Guides are available who have children with UHL or Microtia as a support.

VISUAL PHONICS:

A system of hand cues and symbols used in a multisensory technique to teach the sounds of English (phonics). 46 hand cues and corresponding written symbols show students the sounds for speech production and/or reading. For example, the words *dough*, *through*, *thought* and *tough* use four different sounds for *ough*. Visual phonics can quickly show students which sound to use.

VIDEO RELAY SERVICE or VIDEOPHONE or VP:

A telecommunication technology by which deaf and hearing consumers are linked by phone or internet through an interpreter provided through a relay center. Users of VRS or “Relay” must have equipment that sends video to the Relay Center. Once connected, deaf and hearing callers communicate through a sign language interpreter, who “relays” the message in sign, voice or text as needed. Two videophone customers can also communicate directly with each other without the relay service. VRS can be work through a smartphone as well as a computer or tablet, and is appreciated VP.

VRS has mostly replaced the older **TTY or TDD** devices for landlines but they are still in use and do not require internet service.