

The title graphic features the words "Colorado" and "Resource Guide" in a large, bold, black font with a red outline. The text is set against a stylized background of a Colorado landscape, including snow-capped mountains, a blue sky, a blue mountain range, and a green foreground with small green trees.

Colorado Resource Guide

**FOR FAMILIES OF CHILDREN
WHO ARE
DEAF / HARD OF HEARING
IN COLORADO**

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



**HANDS&
VOICES**

Revised Edition 2003/2004
Available on the web at www.handsandvoices.org

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FOR CHILDREN BIRTH - THREE

INTRODUCTION TO THIS GUIDE

So you want to know about resources for the deaf and hard of hearing...

Then this Resource Guide is for you. Whether you're a parent who's just discovered your child has a hearing loss, or you're a teacher, a school administrator, an audiologist, or someone else related to the community of deaf and hard of hearing individuals, this booklet is for you.

Please use it to:

- Connect families of children who are deaf or hard of hearing to each other for support.
- Explore choices for communication methods 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.

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 deafness or hearing loss. Remember-- the options and decisions facing any family are theirs alone to make with information and support from professionals. There is no one "right" way when it comes to finding the program that will empower a child to success. His or her needs, as well as the needs of the family, will change with time and it's 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 babies newly identified with deafness or hearing loss, an important first step is to get connected to other families like yours for information and support. We encourage you to join Colorado Families for Hands & Voices, a non-profit, non-biased support system for families and professionals. You're not alone, and we can help.

Discovering what works is what makes the choice right.

GETTING STARTED**“Your Child Has a Hearing Loss”**

Even though you may have suspected there was a problem, hearing a doctor or audiologist say, “Your child has a hearing loss”, may have come as a shock to you. Most people do not know much about hearing loss and what it means for their child and family. As the professional who delivered this news to you talked further, you may not have heard much of what he or she was saying. In your mind, questions may have started to churn:

“Can it be corrected?”

“What caused it?”

“Will it get better?”

“Will it get worse?”

“Can he learn to talk?”

“Can she go to regular school?”

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

“Can he get married?”

“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 a lot of things.” You want the best for your child, and now you are not sure you know what to do.

In the days and weeks following the diagnosis of your child's hearing loss, you may feel like you are on a roller coaster. Your feelings may swing from despair to hope, from sadness to anger, from feeling incompetent 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. You may also find within yourself unexpected sources of strength to do what has to be done in spite of feeling that you are living under a cloud.

The professionals who evaluate your child's hearing will have recommendations for you: see an ear specialist, meet with early intervention professionals, have more testing done. As you follow these recommendations, you will meet people who can help answer your questions and explain the decisions you must make. The information they give you and opinions they express may also create more confusion for you!

You will be making many decisions in the days ahead. Give yourself the time you need to make decisions that feel right for your family. Keep in mind there are very few decisions you will make that you cannot change.

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WHO CAN HELP?

You will meet new people as a result of your child's hearing loss. Some of these people will be medical professionals, some will be parents and caregivers of other children with impaired hearing, some will be educators, and some will be audiologists. Here is a brief description of ways in which each of these groups may be of help to you.

Audiologist

The audiologist can help by:

1. Having the appropriate equipment (Visual Reinforcement, Audiometry, Tympanometry) and the skills to test the hearing of infants and toddlers.
2. Obtaining complete information about your child's hearing in each ear at a range of frequencies.
3. Carrying out, or referring infants or difficult-to-test children for, Otoacoustic Emissions (OAE) testing and Auditory Brainstem Response (ABR) testing, when necessary.
4. Recommending appropriate amplification.
5. Keeping your child equipped with well-fitting earmolds.
6. Testing your child while wearing amplification and questioning parents about their child's responses to sounds at home.
7. Giving you information about early intervention programs available to your family.
8. Working in partnership with you and early intervention specialists to monitor and maintain your child's amplification systems (Hearing aids, FM systems, cochlear implants).

Early Intervention Specialist of Deaf/Hard of Hearing Infants & Toddlers

The Specialist/Educator can help by:

1. Describing the services offered through their early intervention program and costs, if any, associated with services.
2. Describing how your family members will be involved in early intervention services: defining your roles in early intervention and their expectations about your family's participation.
3. 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.
4. 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.
5. Giving you a time line for when services will begin and end.
6. Describing the curriculum that will be used to promote your child's acquisition of listening and communication skills.
7. Describing how you and other caregivers will be given opportunity to acquire information and skills that will help you promote your child's development of listening and communication/language skills.
8. Listening to your observations and concerns about your child and discussing these with you.
9. Working with the audiologist to help your child learn to use amplification and make sure the child's hearing aids function properly.
10. Keeping records of child's progress in acquisition of listening skills.
11. Providing you and your child with high-quality, individualized early intervention services that lead to your child acquiring listening and communication/language skills.
12. Giving you support during difficult times.
13. Working with you to define your child's educational needs when your child is ready to "graduate" from early intervention.

Pediatrician/Family Practitioner

Your child's primary care physician can help by:

1. Referring you to an audiologist skilled in testing the hearing of infants and toddlers when you express concern about your child's hearing.
2. Answering your questions about medical or surgical treatment of different types of hearing loss.
3. Confirming the need for prompt action involving amplification and early intervention once your child has been diagnosed with hearing loss.
4. Putting you in touch with early intervention programs.
5. 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

The ENT can help by:

1. Confirming that there is not a medically treatable condition in your child's Outer ear or middle ear that is causing the hearing loss.
2. Answering your questions about medical or surgical treatment of different types of hearing loss.
3. Scheduling further procedures (i.e. urinalysis, CT scan) to rule out other causes of the hearing loss.
4. Signing a form authorizing use of hearing aids with your child (required by law in some states before hearing aids can be fit on a child).
5. 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.

Other parents of deaf or hard of hearing children

Other parents can help by:

1. Sharing experiences they have had with professionals and early intervention programs.
2. Telling you about people and information sources they have found useful.
3. Listening to you.
4. Sharing with you their feelings related to parenting a child with hearing loss and how their feelings have changed over time.
5. Telling you about their child's achievements.
6. Getting together with you so your children can play together.



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Deaf and Hard of Hearing Adults

Other deaf and hard of hearing adults can help by:

1. Sharing personal experiences and information by a D/HH individual.
2. Sharing educational, social, and cultural experiences and perspectives.
3. Modeling different means of communication.
4. Acting as a role model for the parents and D/HH child.
5. Bringing hope to families about overcoming challenges and creating success.

COMMUNICATION CHOICES



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 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. The best way to decide which approach to communication will be best for your child and family is to be open about all the modes, ask questions, talk to adults who are Deaf and Hard of Hearing and other families with children who have a hearing loss, and discuss, read, and obtain as much information you can about the various methods.

Consider the following factors when choosing a communication mode:

- 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 mode 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 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 the information you have received about communication choices been delivered to you in an unbiased manner? Are you looking at your choice of communication in terms of what will be best for your child and family, and not what someone has promised you about a certain method?



Communication Choices - DEFINITIONS

AMERICAN SIGN LANGUAGE (ASL)

American Sign Language (ASL) is a fully developed, autonomous, natural language with distinct grammar, syntax, and art forms. Sign language 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 (AO)

This method of teaching spoken language stresses the use of amplified residual hearing, speech and oral language development. Additionally it places emphasis on speech reading and visual clues from the face or body. Tactile methods may also be used to encourage the child to feel the sounds of speech. 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 “oral” learning environment.

AUDITORY-VERBAL (AV)

This approach to teaching spoken communication concentrates on the development of listening (auditory) and speaking (verbal) skills. It emphasizes teaching the child to use his or her amplified residual hearing and audition from listening devices (like 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.

CUED SPEECH

This system is designed to clarify 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. Cued speech can be learned through classes taught by trained teachers or therapists. A significant amount of time must be spent using and practicing cues to become proficient.

SIMULTANEOUS COMMUNICATION

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 (Manually Coded English). Or, a person may sign some, but not all, of the words in the spoken message (Pidgin Signed English). The words that are signed and the words that are spoken occur simultaneously. Parents must consistently sign while they speak to their child. Sign language courses are routinely offered through the community, local colleges, adult education etc.

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 speech, speech reading and finger spelling). Today the term Total Communication is commonly interpreted as Simultaneous Communication (signing while talking). This philosophy led to the formation of manual systems (e.g. Signing Exact English Signed English) that attempt to represent spoken English.

PLEASE REFER TO THE BOOKS/WEBSITES/VIDEO SECTIONS FOR MORE INFORMATION ON COMMUNICATION CHOICES

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 it is 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 items. ASL is not universal. Just as hearing people in different countries speak different languages, so do 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.

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 the 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 looked at, and the conclusion was that “...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 etc. regardless of the mode of communication the child is using.

When making a choice in communication for my child, will this decision be 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. As families gain further information and knowledge about deafness and their child’s hearing loss, choice of communication may be impacted. A child’s progress should be monitored through objective assessments (see assessment section in this guide) in order for parents to understand the growth their child is making in language development.

QUESTIONS ABOUT HEARING AIDS FOR CHILDREN

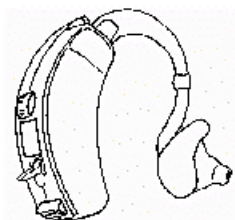
WHEN SHOULD MY CHILD GET A HEARING AID? Most newborns have their hearing tested at birth and can be fitted with hearing aids within a few weeks. Research tells us that fitting a hearing aid as soon as possible helps to minimize the effect of the hearing loss on language development. Ideally an infant will be fit before 3 months of age and no later than six months of age.

WHAT IS A HEARING AID? A hearing aid is a device for the ear, which makes sounds louder in the range of a particular hearing loss. The goal is to provide the ability to hear speech and environmental sounds at a comfortable level.

WHO DECIDES WHICH HEARING AID IS BEST? Parents and the child's audiologist should come to a careful decision regarding amplification after consideration of the infant or child's individual needs, including the characteristics of the hearing loss, available technology as well as financial resources. Hearing aids are prescribed to assure the best possible fit with the information available. As more specific information about the hearing loss is obtained, the hearing aids will be adjusted. The audiologist will perform tests with the hearing aids on your child to further confirm the fitting benefit. 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.

WHAT STYLES OF HEARING AIDS ARE AVAILABLE 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:

1. BTE earmolds are made from soft materials, which are more comfortable and less easily broken, for physically active children.
2. Earmolds can be replaced as the child's ears grow. It is not necessary to recase or replace the hearing aid itself
3. BTE hearing aids are often more reliable and less easily damaged.
4. BTE hearing aids are easily connected to a FM system or assistive listening device.
5. BTE hearing aids and earmolds are available in colors and with accessories designed specifically for children.

IN-THE-EAR (ITE): Other 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 signal processor (amplifier) where they are made louder and 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 ear.

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, cracked or too short.

CHILDREN BIRTH TO 3 YEARS

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 earhook.

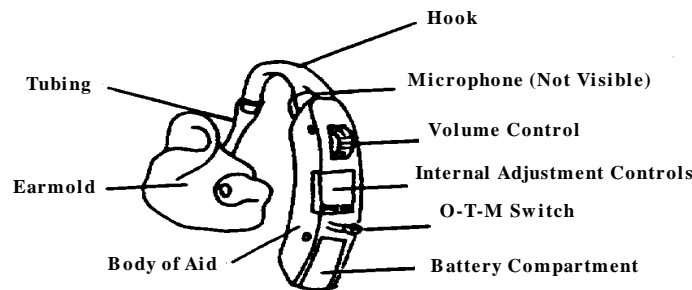
Microphone: Collects sound for amplification through a small opening in the hearing aid case.

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

Volume Control: Usually a numbered wheel that changes the loudness of the sound. Typically the smaller the number the lower the volume. Some hearing aids may not need this control.

Battery Door: Holds the battery which is changed regularly; opening the door will turn off the hearing aid; batteries are toxic if swallowed and tamper resistant doors are recommended for children.



WHAT TYPES OF HEARING AID CIRCUITRY ARE AVAILABLE?

Conventional or Standard Hearing Aid Circuits: Use a traditional analog signal processor; the audiologist modifies the hearing aid response by adjusting controls in the hearing aid case.

Programmable Hearing Aid Circuits:

1. Analog Signal Processing: These circuits have an internal microchip for more precise sound adjustment than is possible with a manual adjustor. They may have channels that split the sounds into parts for the amplification to be tailored to specific hearing loss characteristics. They may have memories to store different hearing aid responses for varied listening environments such as home, classroom and playground. They may use a remote control for on/off and to change listening memories. The audiologist uses a computer to make fine tuning adjustments in how the hearing aid processes sound. This can be easily adjusted over time.

2. Digital Signal Processing: These circuits use an internal microprocessor to convert the sound to numbers according to a mathematical formula called an algorithm. The algorithm automatically changes the sound for different environments without the need for a remote control or memories. The audiologist uses a computer to make adjustments in how the bearing aid processes sounds.

WHICH IS BETTER, CONVENTIONAL OR PROGRAMMABLE HEARING AIDS?

Programmable hearing aids may be more expensive than conventional hearing aids, but may offer better sound quality. They provide more flexibility as the child's hearing levels are better defined or when there is a change in hearing levels. Although, the advanced technology is appealing, programmable hearing aids are not necessary for all hearing losses.

WHAT OTHER TYPES OF HEARING AIDS MIGHT BE NECESSARY:

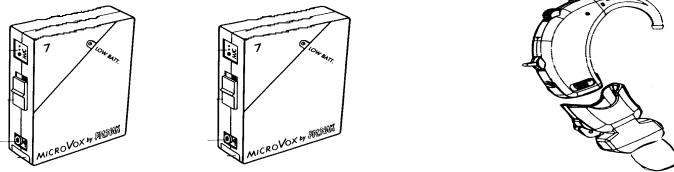
Bone Conduction Hearing Aids: Some children with a conductive hearing loss, and/or malformed or missing outer ears that cannot be medically or surgically corrected, may use bone conduction hearing aids. This is a specially adapted version of a behind-the-ear style of hearing aid.

Transpositional Hearing Aids or Vibro-Tactile Hearing Aids: These are specialized hearing devices that may be necessary for some children with profound deafness who do not benefit from traditional types of hearing aids.

WHAT OTHER DEVICES MIGHT BE OPTIONS FOR MY CHILD? There are other accessories and or alternatives to hearing aids, which you and your audiologist may consider for your child. Some of these are as follows:

Cochlear Implant (CI): A cochlear implant is an electronic device that is surgically implanted in the cochlea of the inner ear. It transmits auditory information directly to the brain, by-passing damaged or absent auditory nerves. Technically, it synthesizes hearing of all sounds, but the wearer requires training to attach meaning to the sounds. This is called auditory "habilitation", or "re-habilitation". Typically, cochlear implant users have severe to profound hearing losses and do not get much benefit from hearing aids. Successful CI users gain useful hearing and improved communication abilities. The FDA has approved CIs for adults and children who are profoundly deaf at age 12 months, and for those with severe hearing loss at age 24 months.

FM System: These devices may be connected to the hearing aid to improve the ability to hear voices from a distance or in background noise. All hearing aids are limited in their ability to differentiate individual speakers. A FM system consists of a microphone worn by the speaker and wireless sound transmission to a receiver (either an electronic box or an ear-level connector) worn by the child. The most common application is with classroom teachers, however there are significant advantages for use with very young children and their parents.



Telephone Amplifier: This type of assistive listening device makes the telephone signal louder and may be used with or without a hearing aid.

Closed Captioning: This assistive device is either attached to a television or built in to a television to provide written text of the spoken words.

Finally, **ALL** hearing aids have limitations. Hearing aids cannot cure a hearing loss, they cannot amplify all frequencies across the frequency range, they cannot make sounds more clear if the inner ear (cochlea) is damaged and distorting these sounds and they cannot completely separate speech from background noise. Hearing aids will enhance your child's life and development when a close working relationship exists between the parents, their child, the audiologist and the intervention team

DESCRIPTION OF DEGREE OF HEARING LOSS VS. POTENTIAL EFFECTS

Every child is different. The potential effects of a hearing loss depends on many factors including degree of loss, but also upon early identification and amplification, early intervention services, and parent involvement.

MILD 16 - 35 dB 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 & education settings. Consider need for hearing aid and intervention.

MODERATE 36-50 dB Understands conversational speech at a distance of 3-5 feet. 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.

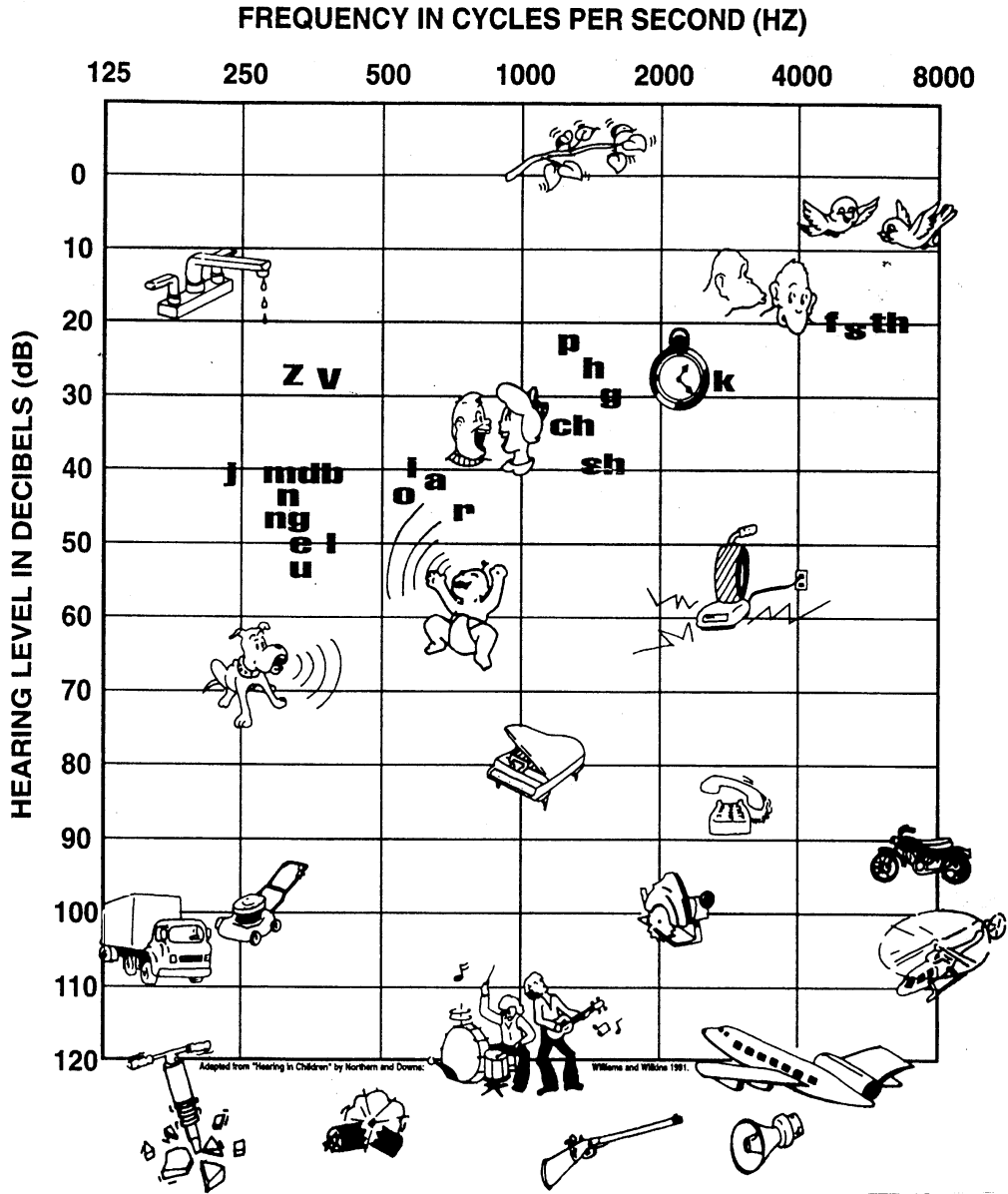
MODERATE/SEVERE 51-70 dB Conversation must be very loud to be heard without amplification. A 55dB loss can mean 100% of the speech signal missed. May have difficulty in settings requiring verbal communication, especially in large groups. Delays in spoken language & reduced speech intelligibility expected without intervention & amplification.

SEVERE 71-90 dB If loss is pre-lingual, spoken language & speech may not develop spontaneously, or could be severely delayed unless modifications & interventions are taken. 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 91 dB or greater Aware of vibrations more than tonal pattern. Many rely on vision rather than hearing as the primary avenue for communication and learning. Speech and oral language will not develop spontaneously without modifications and intervention. Speech intelligibility often greatly reduced and atonal voice quality likely. 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 Until recently, children with unilateral hearing loss did not have their hearing loss detected until they were in school. Now, with the advent of newborn hearing screening, we are detecting the presence of a unilateral, hearing loss during the first year of life. A review of the literature indicates that children with unilateral hearing loss may be at risk for speech and language delays and/or academic challenges. We don't know, however, which children are at risk. We also do not know at precisely what age the unilateral hearing loss has an impact. The Colorado Home Intervention program (CHIP) offers consultation to families of children with a unilateral hearing loss until that child reaches 3 years of age. As part of the consultative service, we suggest parents participate in an evaluation of the child's development. In this way, we can detect if and when the hearing loss affects the child's development. A research team at the University of Colorado Boulder is collecting information about the development of children with unilateral hearing loss. While some children will never exhibit an effect from the hearing loss others may experience some challenges. It would be helpful for us, as a profession, to determine which children exhibit an effect and at what age the impact of the hearing loss is observed. We want to determine if the impact occurs before 3 years of age, during the preschool years (from 3-5 years of age) or after the child enters kindergarten.

AUDIOGRAM OF FAMILIAR SOUNDS



THE FAMILY ASSESSMENT

The FAMILY Assessment was started by the Colorado School for the Deaf & the Blind's Colorado Home Intervention Program (CHIP), which serves families who have a young child (Birth to age 3) with a hearing loss. 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 as a valuable database for research. The FAMILY Assessment helps the parents to effectively guide their child's development.

How the FAMILY Assessment Works:

The videotape:

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

The parent-completed protocols:

The parents and consultant complete a number of checklists when the videotape is made. These checklists measure:

- auditory skills
- motor skills
- language and communication 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:

- child speech.
- child communication.
- child language
- parent-child communicative 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. The report also recommends the next steps the parent can take to stimulate the child's development.

Questions and Answers

What does the FAMILY Assessment measure?

The protocols vary depending upon the choices made by the family. Language, speech, and auditory skills are reported, as well as level of play, gross and fine motor skills, and functional vision skills. Important characteristics of parent-child interaction are summarized.

How are the results shared with the family?

All of the protocols are summarized and shared with family members. The results are explained in writing and through discussion. The discussion occurs in the family's 'home.'

Who pays for the cost of the evaluation?

Different agencies are paying for the evaluation: The Colorado Home Intervention Program (CHIP), The Health Care Program for Children with Special Needs (HCP), 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 will obtain a detailed developmental profile of their child. The development of the child is based on norms established for all children. Based on this assessment, the family can ask questions about the development of their child. They can request consultative services. Direct intervention may also be available on parent request.

What One Family has to say about the Assessments:

“I have three children; my middle child and youngest child are hearing impaired. Both children had their first assessments at three months of age and have been regularly assessed since. The assessments are a valuable tool. They help me to have an objective view of how my children are doing and how I am doing. The assessments show in what areas my children are doing well, and in what areas my children need work. When the assessments come back, my children’s service providers and I are able to update our goals and decide if we need to change our plan of action. The assessments are a good motivation for me. If the results aren’t as good as I would like, I’m motivated to work harder because I know my children are capable of doing better, but they need my help. If the results are as good as I expected, I’m motivated because it’s so rewarding to see how good intervention pays off. If a fundamental part of language acquisition is missed early on, it will have life long consequences. The assessments help to make sure our team isn’t missing anything.” – Jeannene Evenstad

For more information Contact your local Colorado Hearing Services Coordinator (CO-Hear Coordinator). The number for this coordinator is listed on page 18. You may also call the director of the Colorado Home Intervention Program (CHIP), Arlene Stredler Brown:303-492-3037 or email her at Arlene.Brown@colorado.edu

FAMILY RESOURCES

Co-Hear Regional Coordinators:

Each **Co-Hear** Regional Coordinator (Colorado Hearing Resource Coordinator) serves in one of nine regions throughout the state as a consultant to families, providers, and community agencies that are looking for resources for a child who is Deaf/hh. The **Co-Hear Coordinator** can assist families in obtaining access to funding, community resources, coordination of services, and providing expertise about hearing loss. The **Co-Hear Coordinator** can also serve as a link to hook up families with other families who have children with hearing loss, and to the Deaf community.

Boulder, Broomfield Counties:
 Cynthia Stevens
 Phone: (303) 447-5001 x8949
 Email: cynthia.stevens@attbi.com

Denver, Jefferson, Clear Creek,
 Gilpin, Park, Adams Counties:
 Dinah Beams
 Phone (303) 735-5405
 Email: dinah.beams@juno.com

Arapahoe and Douglas Counties
 Lynn Wismann-Horther
 Phone: (720) 489-9335
 Email: Lynnw_h@yahoo.com

Weld County
 Sandy Bowen,
 Phone (970) 351-2102
 Email: Sandy.bowen@unco.edu

Larimer County:
 Annette Landes
 Phone (970) 494-4520
 (970) 223-0137
alandes@psd.k12.co.us

Logan, Phillips, Washington,
 Morgan, Sedgwick, and Yuma
 Counties:
 Wendy Dudley
 Phone (970) 522-8865
 (970) 580-3866
Dwdudley@sterlingcomputer.net

Grand, Jackson, Moffat, Routt, Rio
 Blanco, Delta, Hinsdale, Ouray,
 Garfield, Mesa, Pitkin, Gunnison,
 Montrose, and San Miguel Counties:
 Heather Abraham
 Phone: (970) 309-3521
 Email: hechabraham@aol.com

Pueblo, Custer, Fremont, Huerfano,
 Elbert, El Paso, and Teller Counties:
 Denise Davis-Pedrie
 Phone (719) 328-3039
 (719) 593-1301
 Email: ddped@msn.com

Lake, Eagle, and Summit County:
 Heather Abraham
 Phone: (970) 309-3521
 Email: hechabraham@aol.com

Las Animas, Baca, Bent, Cheyenne,
 Crowley, Lincoln, Kiowa, Otero, Kit
 Carson, and Prowers Counties:
 Sue Bemiss
 Phone: (719) 383-2623
 Email: soobee45@hotmail.com

Alamosa, Costilla, Rio Grande,
 Chaffee, Mineral, Saguache,
 Conejos, Archuleta, La Plata, San
 Juan, Dobres, and Montezuma
 Counties:
 Mary Lambourne
 (970) 247-5702 or (505)334-8665
 Email: mlambourne@cyberport.com

ORGANIZATIONS (See complete listing on pg. 33)

Alexander Graham Bell Association, CO Chapter

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

Web: www.coloradoagbell.org

Advocating independence through listening and talking. Information & resources are available for parents and professionals for families who have children with deafness of hearing loss and are interested in auditory/oral options. Activities include family events, community outreach and advocacy, grants to attend conventions and newsletter.

Colorado Families for Hands & Voices

P0 Box 371926
 Denver CO 80237
 303-300-9763 toll free 1-866-422-0422

website: www.handsandvoices.org

email: parentadvocate@handsandvoices.org

A parent-driven organization dedicated to non-biased support to families who have children with deafness or hearing loss. Activities include outreach events, educational seminars, advocacy lobbying efforts, parent-to-parent network, and a newsletter.

Part C – Early Childhood Connections

1-888-777-4041

Assures infants and toddlers with special needs and their families have access to a collaborative network of resources within their community.

Colorado Department of Public Health and Environment, Health Care Program for Children with Special Needs (HCP).

State Audiology Coordinator

Linda Fudge

(303) 692-2397

Linda.fudge@state.co.us

PEP: Parents Encouraging Parents

96 Gordon Lane
 Castle Rock, Co 80104
 (303) 688-4756

Outreach and support to parents on issues related to raising a child with disabilities; financial assistance resource, conferences.

SERVICE PROVIDERS/ Educational Facilities*

Auditory-Verbal Services, Inc

Nancy Caleffe-Schenck, M.Ed. .
 303-881-5292

Ncschenck@aol.com

Individualized aural rehabilitation (hearing aids and cochlear implants) with an emphasis on developing listening and spoken communication.

Children’s Hospital

1056 E. 19th Avenue B030

Denver, CO 80218-1088

303-861-6800 (voice)

303-861-6886 (ttd)

Specializing in pediatric, family-centered services; Aural (re)habilitation; speech-language evaluations and therapy provided by speech-language pathologists who specialize in deaf/hard of hearing; all communication modes offered; Parent- Infant, Toddler and Preschool groups; coordinated audiology and speech-language pathology services offered; Multidisciplinary Cochlear Implant Team; clinical social work services available; Full service audiological evaluation; multidisciplinary auditory

processing evaluation; hearing aid dispensing. ENT services on site. Hearing aid dispensing;

**The Children’s Hospital
 South Specialty Care Center**

151 West County Line Road
 Littleton, CO 80126. 303-730-1729 (voice)

Specializing in pediatric, family-centered services; Aural (re)habilitation; speech-language evaluations and therapy provided by specialists for the deaf/hard of hearing; all communication modes offered; ; Toddler Group; coordinated audiology and speech-language pathology services offered; Full service audiological evaluation; Hearing aid dispensing; ENT services on site.

**The Children’s Hospital
 Specialty Care Center**

340 E. 1st Avenue, Suite 100
 Broomfield, CO 80020

(303) 860-4545 (voice)

Specializing in pediatric, family-centered services; full service audiological evaluation; hearing aid dispensing; ENT services on site.

Colorado Home Intervention Program (CHIP)

Colorado School for the Deaf and the Blind
University of Colorado
SLHS – Campus Box 409
Boulder, CO 80309-0409
Contact: Arlene Stredler Brown
Arlene.brown@colorado.edu ph# (303) 492-3037
CHIP is a home-based, family-focused intervention, including parent support for families, with children under the age of three.

Deaf/Hard of Hearing Connections

Birth – 21 Contact: Heather Abraham
(970) 384-5477 or hechabraham@aol.com
Hard of hearing/Deaf adult role models who are trained to provide awareness experiences to increase understanding of the needs of a student who is hard of hearing/deaf and to improve this child's sense of identity and self-esteem.

Colorado Services to Children with Deafblindness

(combined vision and hearing loss)
Colorado Dept. of Education
201 E. Colfax Denver, CO 80203
Project Director: Tanni Anthony
Phone: 303- 866-6681
Fax: 303-866-6605
TTY: 303-860-7060
The goal of this federal grant is to provide free technical assistance to the families and service providers of children, ages birth through 21 years, who have combined vision and hearing loss. The project sponsors an annual Summer Institute and Family Learning Retreat. Free consultation can be provided in a child's home or school setting.

Denver Ear Associates

Rocky Mountain Cochlear Implant Center
799 E. Hampden Ave., Suite 510
Englewood, CO 80110
(303) 788-7838
RMCIC is a full-service cochlear implant center that provides consultations, medical, audiology, evaluations, diagnostic therapy, and in-services for schools.

The Integrated Reading Project (IRP)

Contact Dinah Beams (dinah.beams@juno.com) or 303-735-5405) or Heather Abraham (hechabraham@aol.com) or 970-309-3521
designed for families who have chosen a Simultaneous Communication approach (signing and voicing at the same time). The program involves a sign language instructor who teaches the parents how to read the book using signs as part of an individualized in-home sign language

CHILDREN BIRTH TO 3 YEARS

instruction program. Sign is taught using English word order. The book is left with the family so they can continue reading to the child and practicing their signs. This program involves a collaborative effort among the professionals who are working with the family and child. The sign instructor teaches the family how to sign the book, and the family's CHIP facilitator uses the same book to work on language expansion, auditory skills, speech, and cognition. This program is designed for children birth - five years of age and their families and continues year-round.

LISTEN Foundation

6950 E. Belleview Ave., Suite 102
Greenwood Village, CO 80111
(303) 781-9440, (303) 781-2018 (fax)
email: lstnfoun@aol.com
www.listenfoundation.org
LISTEN is a non-profit organization that provides financial assistance and therapy services to families and children who are deaf/hh for: early intervention services, habilitation, parent education and support, coordination with schools, and training for professionals.

Nanette McClenden, M.S. CCC-SLP, Cert. AVT

303-887-0842
Provides individual speech/language therapy and aural rehabilitation to children who are deaf/hard of hearing. Specializing in auditory-verbal therapy.

***Rocky Mountain Deaf School**

10700 W. Exposition Dr.
Lakewood, CO 80226
(303) 984-5749 phone (303) 984-5741 tty
website: www.rmdeafschool.org
The mission of Rocky Mountain Deaf School is to provide Deaf children - early childhood through 12th grade -- an education that is Deaf-friendly, supportive of the child's home, and managed by the parents, the Deaf community and the school personnel.

***Sewall Child Development Center**

1360 Vine, Denver, CO 80206
(303) 399-1800
Early intervention services for Part C or Part B eligible children; specialized program for deaf/hard of hearing children

The Shared Reading Project at CSDB

Deb Branch or Cathy Bennett, SRP Site Coordinators at CSDB

CHILDREN BIRTH TO 3 YEARS

719-578-2221 (phone)

email: dbranch@csdb.org or cbennett@csdb.org for more information and to sign up.

The Shared Reading Project (SRP) is a nationally acclaimed program that helps promote early literacy in young Deaf and Hard of Hearing children.

Colorado School for the Deaf and the Blind is a Shared Reading Project site. Deaf tutors teach parents and caregivers how to read effectively to their Deaf and Hard of Hearing children using American Sign Language and how to use strategies to make book sharing most effective. Culturally diverse Deaf readers were videotaped as they used American Sign Language to read fun, predictable children's books. Because children love seeing these books read over and over again, the parents have repeated opportunities to practice. Deaf tutors visit the home to demonstrate how to sign the stories, and provide instant feedback to family members. The family uses the videotapes of deaf readers signing the story to reinforce the new signs after the tutor has left. Research shows that parents who read to their

children improve the children's ability to learn to read. The Shared Reading Project is being implemented and used throughout the country with great success. SRP is designed for children birth through age eight.

Specialized Services for Hearing Impaired Children

441 Saint Paul Street, Denver, CO 80206
(303) 321-8611

Speech, hearing & language services for children w/hearing loss via auditory-verbal training 0-10 years old.

University Hospital

Audiology Department
360 S. Garfield, 4th floor, Denver, CO 80209
(303) 270-7937

Audiological testing, hearing aid dispenser; cochlear implant program, Marion Downs Hearing Clinic

PEDIATRIC AUDIOLOGY LIST

The Colorado Infant Hearing Advisory Committee has developed guidelines on appropriate audiological assessment for infants (birth through six months) who require follow-up from the newborn hearing screening program. The guidelines require the audiologists to have the necessary equipment to complete a comprehensive diagnostic auditory brainstem response (ABR), and Otoacoustic Emissions (OAE). Over the past two years the Colorado Academy of Audiology (CAA) and the Colorado Department of Public Health and Environment (CDPHE), Health Care Program for Children with Special Needs (HCP), has identified those audiologists who: 1. Attended a three part statewide videoconference 2. Have the appropriate registration from the Department of Regulatory Agencies 3. State they have the necessary equipment and expertise to provide these services. Typically an audiological assessment, below six months of age does not require sedation. However, the younger the infant the better chance for a natural sleep state.

CAA and CDPHE do not endorse or certify the audiologists on this list. The list was developed to assist physicians, hospitals and other providers in appropriate referrals for infant's age's birth through six months. Too frequently only tympanometry or behavioral observation techniques were being performed resulting in misdiagnosis and further delays in identification as well as potential harm.

Children can be tested at any age and often after six months of age behavioral testing can yield reliable results.

CHILDREN BIRTH TO 3 YEARS

The following are audiologists who have the equipment to comply with the “Recommended Protocol for Infant Audiologic Assessment” and “Recommended Guidelines for Pediatric Amplification”. This is for infants, birth through six months only.

Agency and Contact	Phone/Fax/Email	Address
Advanced Hearing Services William Lentz, Ph.D Constance Gallagher, MS	970-221-5249	2001 S. Shields, Bldg. J Ft. Collins, CO 80526 1632 Hoffman Dr. Loveland, CO 80538
All About Hearing Renita Boesiger, MA Meghan Walsh, MS	970-461-0225 fax: 970-593-0670 www.allabouthearing.com	2021 N. Boise Ave. Loveland, CO 80538
Animas Valley Audiology Eileen Goebel, MA	970-259-1669 fax: 970-385-5214 avahear@frontier.net	1800 E. 3rd Ave. #101 Durango, CO 81301
Audiology Associates of Greeley Karen Swope, MA	970-352-2881 fax: 970-352-5323 ksswope4@aol.com	2528 16th St. #100 Greeley, CO 80634
Boulder Community Hospital Christina Brendzel, MA Christine Belin, MA	303-441-0596 Audiology@bch.org	311 Mapleton Ave. Boulder, CO 80304
Colorado Hearing & Balance Kathy Sera Budney	719-442-6984 fax: 719-442-6985	175 S. Union blvd. St. 330 Colorado Springs, CO 80910
Colorado Otolaryngology Assoc. P.C. Laura Arnold, MA	719-867-7841 fax: 719-867-7870	3030 N. Circle Dr. Suite 300 Colorado Springs, CO 80909
Colorado West Otolaryngology Bernadette Mills, MA	970-245-2400 fax: 970-242-9092 audiology@cwoto.com	425 Patterson #503 Grand Junction, CO 81506
Denver Ear Associates Jennifer Harris, MA	303-788-7880 fax: 303-788-7883	799 E. Hampden, Ste 510 Englewood, CO 80110
Denver Health Medical Center Pam Hammond, MA Trudy Fredrics, MA	303-436-6377 fax: 303-436-5131	777 Bannock St. Denver, CO 80204
Exempla Lutheran Medical Center Kristin Dudley, M.S.	303-425-2426 fax: 303-467-8780 latilk@exempla.org	8300 W. 38th Ave. Wheatridge, CO 80033
Exempla Saint Joseph Hospital Betty Sweetman, MA	303-837-7125 fax: 303-866-8477 sweetmanb@exempla.org	1835 Franklin St. Denver, CO 80218
Gunnison Hearing Center Ellyn Houghton, MS	970-641-2814 fax: 970- 349-1218 ellyn@regina.com	PO Box 3728 Crested Butte, CO81224
Harvard Park Hearing Centers Tracey Lanham, MA, Meredith Dannewitz, MA, Donna Malsam, MA Christie Reed, MA	303-777-4327 fax: 303-744-1154	950 E. Harvard Park Suite 500 Denver, CO 80210
Hearing & Balance Clinic Bethany Smart, MA	970-484-6373 fax: 970-484-0382 hssmart1@juno.com	2121 E. Harmony Road #350 Ft. Collins, CO 80528

Hearing Associates Bruce Schachterle, MS	303- 369-1096 fax: 303- 369-1097 bdshearing@quest.net	1550 South Potomac, #305 Aurora, CO 80012
Kaiser Permanente Linda Herzberger-Kimball, MA Elizabeth VanDyke, M.S., CCC-A Michael Rodel, M.A.T., CCC-A Sara Baumgartner, M.A., CCC-A Angela Allen, M.S., CF-A	303-861-3153 fax: 303-861-3679	2045 Franklin St. Denver, CO 80205
Memorial Hospital Deb French, MA Julie Miller, MA	719-365-2758 fax: 719-365-6821	1400 E. Boulder Colorado Springs, CO 80909
North Colorado Ear Nose Throat Jacki Buffington, MA	970- 356- 4646 fax: 970- 356- 2041	2528 West 16th St. Greeley, CO 80634
Penrose/St. Francis Hospital Anna Soennecken, MA	719-776-5207 fax: 719-776-5327 annasoennecken@centura.org	2215 N. Cascade Colorado Springs, CO 80907
Presbyterian Saint Luke's Hospital Leslie Packer, MA Danielle Drew, MA	303-829-6942 fax: 303-869-2137	1719 E. 19th Ave. Denver, CO 80218
Rocky Mountain Ear Center Alison Bieber, MA	303-783-9220. Fax: 303-806-6292	601 E. Hampden Ave., suite 530 Englewood, CO 80110-2776
Rocky Mountain Ear, Nose, Throat Group Lorrie Torres, MA	303- 795-5587 fax: 303- 795-3404	7750 South Broadway, #150 Littleton, CO 80122
San Luis Valley Medical Clinic Amy Weaver, MS	719- 589-3000 fax: 719- 589-8112 amymweaver@yahoo.com	2115 Stuart Alamosa, CO 81101
Swedish Medical Center Linda Kiser, MA	303-788-6830 Fax: 303-788-5043	Swedish Medical Center 501 E. Hampden Avenue Englewood, CO 80110 Audiology Dept.
The Audiology Group, Inc. Peter Cunningham, MA	970- 482- 5700 fax: 970- 482-6910 ears-r-us@juno.com	1260 Doctors Lane Ft. Collins, CO 80524
The Children's Hospital Sue Dreith, MA Rebecca Mervine, MA Christie Ruddy, MA Michelle Zotos, MA Jennifer Ivinson, MA	303-861-6800 fax: 303-864-5802	1056 E. 19 th Ave. Denver, CO 80218
The Children's Hospital South Specialty Care Center Deb Draus, MA	303-730-1729 fax: 303-730-7544	151 W. County Line Rd. Littleton, CO 80126
University Health Sciences Center Sandra Gabbard, Ph.D Colleen Kessenich, MA Jennifer Schryer, MA	720-848-2800 720-848-2811 (fax)	University of Colorado Hospital Audiology Anschutz Outpatient Pavilion 1635 N. Ursula St., 6th floor Aurora, CO 80010
University of No. Colo Audiology Clinic Jenny Weber, AuD Diane Erdbruegger, MA	970-351-2012 fax: 970-351-1601 jenny.weber@unco.edu	Gunter Hall, Room 33 Greeley, CO 80639

NATIONAL RESOURCES –For full listing, See Page 37

Beginnings for Parents of Hearing Impaired Children, Inc.

PO Box 17646

Raleigh, NC 27609

Toll free: Voice/tty 919-850-2746

A resource and reference organization that produces materials and videos oriented towards helping families make choices about communication methods

www.ncbegin.com

“Starting Out” websites:

www.hearingbaby.org

www.gohear.org

www.handsandvoices.org

www.agbell.org

www.asha.org

www.nad.org

<http://www.boystownhospital.org/parents/index.asp>

<http://members.tripod.com/listenup/>

www.deafchildren.org

www.Colorado.edu/slhs/mdnc/

SEE DESCRIPTIONS ON PAGE 32

“Starting Out” Books – full listing on page 42

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.

Come Sign with Us: Sign Language Activities for Children. By Jan C. Hafer and Robert M. Wilson. Illustrated by Paul Setzer.

Cochlear implantation for infants and children: advances/senior editor, Graeme M. Clark: editors, Robert S.C. Cowan, Richard C. Dowell. Published by San Diego: Singular Pub. Group, (1997)

Cochlear implants: a handbook/ by Bonnie Poitras Tucker. Published by Jefferson, N.C.: McFarland, (1998)

Kid-friendly parenting with deaf and hard of hearing children: By Daria J. Medwid, Denise Chapman Weston. Washington, D.C.: Clerc books, (1995)

John Tracy Clinic

806 W. Adams Blvd., Los Angeles, CA. 90007

(800) 522-4582

Infant Hearing Resources

Hearing & Speech Institute

3515 SW Veterans Hospital Road

Portland, OR 97201

(503) 228-6479

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

PO Box 1181

Los Alamitos, CA 90720

(213) 430-1467

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

So your child has a hearing loss: next steps for parents. Washington, DC: AG Bell, (2000)

The Signing Family: what every parent should know about sign communication, by David A. Stewart. Washington, D.C.: Gallaudet University Press, (1998)

How to Communicate with Infants before They Can Speak Garcia, Joseph(1999)

www.harriscomm.com

“Starting Out” Videos-

Full listing on page 45

Beginnings: A program that examines all communication choices without bias; from Beginnings, V/TTD (919) 733-5920

Early Intervention Illustrated Series: To view these tapes, contact your Colorado Hearing Resource (CO-Hear) Coordinator. To purchase a copy, contact Boys Town Press or Hope, Inc.

Families with Hard of Hearing Children:

Available from your CO-hear Coordinator. See page 16

Families with Deaf Children available from your CO-hear Coordinator. See page 16

Make a Joyful Noise: An information kit for parents of children who are deaf and hard of hearing. Free - contact 1-877-ORALDEAF, www.oraldeafed.org

Early Intervention Funding Sources: see page 26 and complete listing on page 41

COLORADO RESOURCE GUIDE WORKSHEET

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

Service Provider/ Program	Contact Name	Phone	Communication Option	Date of Visit	Comments:
Books Read		Communication Option		Comments	
Videos Watched					
Websites Visited					
Parent of Deaf or Hard of Hearing Child / Deaf Adult		Phone	Age of Child/ Communication Option		Comments

FUNDING SOURCES FOR EARLY INTERVENTION

AGENCY	SERVICES	DELIVERY	REGION	ACCESS	CONTACT
Medicaid	Funding for intervention by specialist in hearing loss or for intervention by other specialist Funding for amplification (limited) case management	Home based or clinic based	Statewide	County Social Services Office or local satellite eligibility	Colorado Hearing Services Coordinator (Co-Hear)
Private Insurance	(Possible) funding for intervention by specialist in hearing loss (Possible) funding for intervention by other specialist (Possible) funding for amplification (limited) funding for assistive technology	Home based or clinic based	Individual policy dictates	Health Insurance carrier	Health Insurance carrier
Child Health Plan Plus (CHP+)	Funding for intervention by specialist in hearing loss Funding for intervention by other specialist Funding for amplification (Possible) funding for assistive technology	Home based or clinic based	Statewide	Local satellite Eligibility Determination (SED) site or county social services office	Colorado Hearing Services Coordinator (Co-Hear)
Local Community Center Boards (CCB)	Case management (Possible) funding for intervention by specialist in hearing loss (Possible) funding for sign language instruction by specialist in sign language Funding for intervention by other specialist (Supplemental) funding for assistive technology Parent support (non-categorical)	Home based or clinic based	County	County Community Center Board (CCB)	Colorado Hearing Services Coordinator (Co-Hear)
Service Organizations	Possible) funding for intervention by specialist in hearing loss (Possible) funding for sign language instruction by specialist in sign language or for intervention by other specialist (Possible) funding for amplification (Possible) funding for assistive technology	Home based or clinic based	Community	Individual Service Organizations	Colorado Hearing Services Coordinator (Co-Hear)
County Part C	(Possible) funding for intervention by specialist in hearing loss (Possible) funding for sign language instruction by specialist in sign language (Possible) funding for intervention by other specialist (Possible & partial) funding for amplification (Possible & partial) funding for assistive technology Service coordination Parent Support (non-categorical)	Home based / natural environment	County	Part C Service Coordinator	Colorado Hearing Services Coordinator (Co-Hear)
Colorado School for the Deaf and Blind (CSDB)	Funding for intervention by specialist in hearing loss Funding for sign language instruction by specialist in sign language	Home-based	Statewide	Colorado Hearing Services Coordinator (Co-Hear)	Colorado Hearing Services Coordinator (Co-Hear)

DEAF CHILD BILL OF RIGHTS

What is the Deaf Child's Bill of Rights?

In May of 1996, the General Assembly approved Colorado State Law 96-1041, The Deaf Child's Bill of Rights. 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 will be the impact of the Deaf Child's 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 Plan) 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. And the Communication Plan will serve as a quality control monitor, making sure that a more comprehensive, qualitative view is taken of each child's experience in school.

When will the law take effect and when will my child have his/her own "Communication Plan".

The law was in effect as of May 1996, and its rules for implementation were adopted in May of 1997. But it'll take some time to implement the "Communication Plan" because of the vast amount of training to do with schools statewide. All IEPs being developed are required to include a Communication Plan. Still, it's not happening consistently. Nevertheless, we encourage parents to take the initiative and team with your IEP staff to create a Communication Plan for your child at your next IEP.

On the following page in the IEP Communication Guidelines for use, you'll find some very good concrete examples of how people are using the new law. We hope to hear how you've used it too. Let us know at Colorado Families for Hands & Voices.

IEP 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.

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. Child's primary communication mode: Just one? More than one? Combinations? What do the parents use with the child? What does the child use with friends? Talk about it.

2. Peers and Role Models: Because of the low incidence of a hearing disability, many students who are deaf or hard of hearing find themselves without contact with other deaf/HH children. Combine that with the fact that 95% of these children are born into families with normal hearing, and you've got the potential for serious isolation. How about some time during the week to "chat" on-line with other deaf/hh kids? Does the family know about the Winter Park ski program for the disabled that's available statewide, or "The Field of Dreams Baseball Camp for the Deaf"? Exploit all known opportunities and maybe even learn about some new ones.

3. All Educational Options: What are the options available in your school district? What about statewide options including the Colorado School for the Deaf and the Blind, and Open Enrollment? Encourage the family to check out the statewide directory and Resource Guide (available to all schools--ask your District Special Ed. Director) if they're interested in pursuing those kinds of options for their child. These resources will also prove helpful in locating peers and adult role models.

4. Teacher/Professional Proficiency: If everyone's comfortable with this, move on. But if there is a question, discuss it and come up with an approach that can address the stated concerns. While additional funds and/or personnel are not options, are there training/in-servicing/mentoring possibilities? Is there an accommodation not being utilized? Review the IEP Checklist for Recommended Accommodations on page 26. Have the conversation.

5. Identifying School Services & Extra-Curricular Activities: The qualifier here is "Communication Accessible." Is the student enjoying full access to academic instruction and services? To extra-curricular activities? The IEP Checklist for Recommended Accommodations is an important resource here, as well as for helping the family become an effective advocate for their child's communication accessibility outside school, (TTYs, Captioned Television, Interpreters at the Museum, etc.) Make a plan. The following two pages are downloadable in a printable format from the web version of this guide located at www.handsandvoices.org.

Communication Plan for Child/Student Who is Deaf/Hard of Hearing

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.

The child's/student's primary communication mode is one or more of the following: *(check those that apply)*

aural, oral, speech-based

English-based manual or sign system

American Sign Language

Issues considered:

Action plan, if any:

2. The IEP team has considered the availability of deaf/hard of hearing adult role models and peer group of the child's/student's communication mode or language.

Issues considered:

Action plan. If any:

3. An explanation of all educational options provided by the administrative unit and available for the child/student has been provided.

Issues considered:

Action plan, if any:

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.

Issues considered:

Action plan, if any:

5. The communication-accessible academic instruction, school services, and extracurricular activities the child/student will receive have been identified.

Issues considered:

Action plan, if any:

REQUIRED FOR ALL MEETINGS FOR CHILDREN / STUDENTS WITH A HEARING DISABILITY

THE IEP CHECKLIST:

RECOMMENDED ACCOMMODATIONS AND MODIFICATIONS FOR STUDENTS WITH HEARING LOSS

Name: _____

Date: _____

Amplification Options

- ___ Personal hearing device (hearing aid, cochlear implant, tactile device).
- ___ Personal FM system (hearing aid + FM).
- ___ FM system/auditory trainer (without personal hearing aid).
- ___ Walkman-style FM system.
- ___ Sound-field FM system.

Assistive Devices

- ___ TDD.
- ___ TV captioned.
- ___ Other.

Communication Accommodations

- ___ Specialized seating arrangements: _____
- ___ Obtain student's attention prior to speaking.
- ___ Reduce auditory distractions (background noise).
- ___ Reduce visual distractions.
- ___ Enhance speechreading conditions (avoid hands in front of face, mustaches well-trimmed, no gum chewing).
- ___ Present information in simple structured, sequential manner.
- ___ Clearly enunciate speech. Allow extra time for processing information.
- ___ Repeat or rephrase information when necessary.
- ___ Frequently check for understanding.
- ___ Educational interpreter (ASL, signed English, cued speech, oral).

Physical Environment Accommodations

- ___ Noise reduction (carpet & other sound absorption materials).
- ___ Specialized lighting.
- ___ Room design modifications.
- ___ Flashing fire alarm.

Instructional Accommodations

- ___ Use of visual supplements (overheads, chalkboard, charts, vocabulary lists, lecture outlines).
- ___ Captioning or scripts for television, videos, movies, filmstrips.
- ___ Buddy system for notes, extra explanations / directions.
- ___ Check for understanding of information.
- ___ Down time / break from listening.
- ___ Extra time to complete assignments.
- ___ Step-by-step directions.
- ___ Tutor.
- ___ Note taker.

Curricular Modifications

- ___ Modify reading assignments (shorten length, adapt or eliminate phonics assignments).
- ___ Modify written assignments (shorten length, adjust evaluation criteria).
- ___ Pre-tutor vocabulary.
- ___ Provide supplemental materials to reinforce concepts.
- ___ Provide extra practice .
- ___ Alternative curriculum.

Evaluation Modifications

- ___ Reduce quantity of tests.
- ___ Use alternative tests.
- ___ Provide reading assistance with tests.
- ___ Allow extra time.
- ___ Other modifications: _____

Other Needs? Considerations.

- ___ Supplemental instruction (speech, language, pragmatic skills, auditory, speechreading skills).
- ___ Counseling.
- ___ Sign language instruction.
- ___ Vocational services.
- ___ Family supports.
- ___ Deaf/Hard of Hearing role models.
- ___ Recreational/Social opportunities.
- ___ Financial assistance.
- ___ Transition services.

Source: Johnson, Benson, & Seaton. (1997). *Educational Audiology Handbook*. Appendix 11-A, p.448. Singular publishing Group, Inc.

PARENTING THE CHILD WHO IS DEAF OR HARD OF HEARING

All children need three types of inner resources if they are to become self-disciplining people:

1. *Good feelings about themselves and others.*
2. *An understanding of right and wrong.*
3. *A fund of alternatives for solving problems.*

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, who may be embarrassed by physical expressions, welcome the personal attention of a one-one-one game or special time with mom or dad.

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. And it can be especially important for some deaf or hard of hearing children who have limited communication skills.

3. Communicate Clearly.

Make sure your words 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.

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?

When, where, and with whom does it occur? Is there a physical cause such as hunger or fatigue? Was the communication experience 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 his negative energy in a physical way? Which is needed... punishment, or a shoulder to cry on?

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 there are 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.

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. 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 bad behavior without creating an attention-getting incentive to do the thing again.

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. Professional help is an excellent resource that can provide support and a constructive plan of action.

12. Be Patient with Your Child and Yourself.

Misbehavior happens. It's 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*

STATE RESOURCES:

Organizations

Alexander Graham Bell Association, CO Chapter

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

Web: www.coloradoagbell.org

Advocating independence through listening and talking. Information & resources are available for parents and professionals for families who have children with deafness or hearing loss and are interested in auditory/oral options. Activities include family events, community outreach and advocacy, grants to attend conventions and a newsletter.

Aspen Camp School for the Deaf

P.O.Box 1494
Aspen, CO 81612
(970) 923-2511 V/fax
(970) 923-6609 tty
email: camp@acsd.org
website: www.acsd.org

The ACSD annually hosts more than 100 campers, ages 8 to 18 during one to three week sessions throughout each summer. Students come from across the United States bringing varied backgrounds, educational experiences, and communication skills. Summer camp emphasizes self-esteem, independence, and fun for Deaf and Hard of Hearing kids and teens. ACSD, in conjunction with the Aspen Skiing Co. has hosted 22 years of winter program and ski/snowboard Races for Deaf /HH kids, ages 12/HS.

ADCO Hearing Products, Inc.

South Curtice Street
Littleton, CO 80120
(303) 794-3928 V/TTY
(800) 726-0851
(303) 794-3704 FAX

www.adcohearing.com
sales@adcohearing.com E-mail
Specialty products for the deaf.

Colorado Association of the Deaf

Veditz office –
PO Box 371196
Denver, CO 80237
Daniel Curl, President
3632 South Spruce Street
Denver, CO 80237-1358
Email: cadpresident@aol.com
Fax: 303-290-0767
tty: 303-290-9715

The Colorado Association of the Deaf (CAD) is a membership organization and a partnership among individuals who are deaf, members of the deaf community, including parents of deaf children, and professionals working in various deaf-related fields and endeavors, organizations of, for, and by the deaf and business at large.

Colorado Department of Education Consultant, Deaf/Hard of Hearing Special Education Unit

201 E. Colfax Ave
Denver, CO 80203
Contact: Cheryl Johnson
(303) 866-6960

Provides leadership, support & technical assistance to school districts regarding services for students who are deaf/hard of hearing; audiology, educational interpreting, mental health consultations, and regional coordination also available.

Colorado Division of Mental Health

Department of Institutions
3520 W. Oxford Ave
Denver, CO 80236
(303) 762-4088 V, (303) 762-4101 TDD
Craig Hamilton, Program Coordinator for Deaf/Hard of Hearing Services

Information regarding specialized counseling services for deaf/hard of hearing individuals.

Colorado Families for Hands & Voices

P0 Box 371926
Denver CO 80237
(303) 300-9763
Toll free 1-866-422-0422
www.handsandvoices.org

email: parentadvocate@handsandvoices.org
A parent-driven organization dedicated to non-biased support to families who have children with deafness or hearing loss. Activities include outreach events, educational seminars, advocacy lobbying efforts, parent-to-parent network, and a newsletter.

Colorado Commission for Deaf and Hard of Hearing

Barbara J. Wood, Executive Director
2211 W. Evans, Bldg B, Denver CO 80223
email: Deaf.Commission@state.co.us
www.cdhs.state.co.us/ods/dvr/colorado_commission.htm

The Colorado Commission for the Deaf and Hard of Hearing serves as a central point of entry for government agencies and the deaf and hard of hearing community regarding the interests of this population. The CCDHH makes recommendations to the Colorado Legislature on the issues and concerns of the deaf and hard of hearing 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 the deaf and hard of hearing community.

Deaf Ministry at East Boulder Baptist Church

7690 Baseline Road
Boulder, Co 80303

(303) 499-3553
 (303) 422-5514 TTY/V
 Coffan@Juno.com

Provides physical, emotional, and spiritual support to deaf/hh kids and their families. Oral, sign language, and deafblind interpreters available for all classes and worship services. Assistive listening devices also available in the sanctuary. (Located between Louisville, Lafayette, and Boulder.) WE LOVE KIDS!

Family Voices of Colorado

Lorri Park, State Coordinator
 (303) 447-8447 (303) 447-1354 fax
 email: lparkpris@aol.com

A natl., grassroots advocacy organization that speaks on behalf of kids with special health care needs and/or disabilities. Training, advocacy, and providing resource info. For families of target population are the priority activities.

Goodwill Industries of Denver – Deaf Services Program

Cathy A. Noble-Hornsby, Program Manager
 6850 N. Federal Blvd.
 Denver, CO 80221
 (303) 427-9394 tdd
 (303) 650-7782 (fax)

PEAK: Parent Education & Assistance for Kids
 6055 Lehman Drive, Ste. 101

Colorado Springs, CO 80918
 1(800) 284-0251
Information & resources for parents of children with disabilities; this center is the national resource site on inclusion

PEP: Parents Encouraging Parents

96 Gordon Lane
 Castle Rock, Co 80104
 (303) 688-4756
Outreach and support to parents on issues related to raising a child with disabilities; financial assistance resource, conferences

Relay Colorado 711

Administration
 799 E. Hampden, Ste. 520
 Englewood, CO 80220
 (303) 788-7897 TDD
Administrative offices providing outreach information

Self-Help for the Hard of Hearing, Inc. (SHHH)

Colorado State Coordinator
 2936 15th Street
 Boulder, CO 80304
 (303) 938-9659
 www.shhh.org
A consumer organization, SHHH opens the world of communication by providing information, education, support and advocacy. Activities include educational meetings, national magazine and chapter newsletter.

Service Providers/Educational Facilities*

Auditory-Verbal Services, Inc

Nancy Caleffe-Schenck, M.Ed. .
 303-881-5292
 Ncschenck@aol.com
Individualized aural rehabilitation (hearing aids and cochlear implants) with an emphasis on developing listening and spoken communication

Center for Hearing Speech & Language

4280 Hale Parkway
 Denver, Co 80220
 (303) 322-1871
Auditory testing and dispensing of hearing aids for school age children and adults including, central auditory processing testing. Offers aural rehabilitation for adults. Financial assistance for low income families.

Children’s Hospital

1056 E. 19th Avenue B030
 Denver, CO 80218-1088
 303-861-6800 (voice)
 303-861-6886 (tt)
Specializing in pediatric, family-centered services; Aural (re)habilitation; speech-language evaluations

and therapy provided by speech-language pathologists who specialize in deaf/hard of hearing; all communication modes offered; Parent- Infant, Toddler and Preschool groups; coordinated audiology and speech-language pathology services offered; Multidisciplinary Cochlear Implant Team; clinical social work services available; Full service audiological evaluation; multidisciplinary auditory processing evaluation; hearing aid dispensing. ENT services on site. Hearing aid dispensing;

The Children’s Hospital South Specialty Care Center

151 West County Line Road
 Littleton, CO 80126. 303-730-1729 (voice)
Specializing in pediatric, family-centered services; Aural (re)habilitation; speech-language evaluations and therapy provided by specialists for the deaf/hard of hearing; all communication modes offered; ; Toddler Group; coordinated audiology and speech-language pathology services offered; Full service audiological evaluation; Hearing aid dispensing; ENT services on site.

**The Children's Hospital
Specialty Care Center**

340 E. 1st Avenue, Suite 100
Broomfield, CO 80020
(303) 860-4545 (voice)

Specializing in pediatric, family-centered services; full service audiological evaluation; hearing aid dispensing; ENT services on site.

***Colorado Department of Education**

Consultant, Deaf/Hard of Hearing
Special Education Unit
201 E Colfax Ave
Denver, CO 80203
(303) 866-6960

Programs available throughout the state. Contact your school district, or state contact for more program information. Booklet available on all programs in state.

Colorado Home Intervention Program (CHIP)

Colorado School for the Deaf and the Blind
University of Colorado
SLHS – Campus Box 409
Boulder, CO 80309-0409

Contact: Arlene Stredler Brown
Arlene.brown@colorado.edu
(303) 492-3037

Home-based, family-focused intervention, including parent support for families, with children under the age of three.

***Colorado School for the Deaf and the Blind (CSDB)**

33 N. Institute Street
Colorado Springs, CO 80903-3599
(719) 578-2100 (v) , 578-2102 (tty)

CSDB is a state and federally funded school within the Colorado Department of Education. The school provides comprehensive educational services for children who are blind/ visually impaired, and/or deaf/hard of hearing from pre-school through high school and transition under the age of 21. Services are provided directly to students enrolled at the school and directly and indirectly through outreach services, which are provided to public schools and families throughout Colorado. Residential services are provided for students who live outside of the El Paso County area. The Colorado Home Intervention Program (CHIP) is under the umbrella of services offered by CSDB.

Colorado Services to Children with Deafblindness

(combined vision and hearing loss)

Colorado Dept. of Education
201 E. Colfax Denver, CO 80203
Project Director: Tanni Anthony

Phone: 303- 866-6681
Fax: 303-866-6605

TTY: 303-860-7060

The goal of this federal grant is to provide free technical assistance to the families and service providers of children, ages birth through 21 years, who have combined vision and hearing loss. The project sponsors an annual Summer Institute and Family Learning Retreat. Free consultation can be provided in a child's home or school setting.

Denver Ear Associates

Rocky Mountain Cochlear Implant Center
799 E. Hampden Ave., Suite 510
Englewood, CO 80110
(303) 788-7838

RMCIC is a full-service cochlear implant center that provides consultations, medical, audiology, evaluations, diagnostic therapy, and in-services for schools.

Deaf/Hard of Hearing Connections

Birth – 21 Contact: Heather Abraham
(970) 384-5477 or hechabraham@aol.com

Hard of hearing/Deaf adult role models who are trained to provide awareness experiences to increase understanding of the needs of a student who is hard of hearing/deaf and to improve this child's sense of identity and self-esteem.

International Hearing Dog, Inc.

5909 East 8th Ave. Henderson, CO (303) 287-3277
V/TDDHearing dog training and placement
<http://hometown.aol.com/IHDI/IHDI.html>

LISTEN Foundation

6950 E. Belleview Ave., Suite 102
Greenwood Village, CO 80111
(303) 781-9440, (303) 781-2018 (fax)
email: lstnfoun@aol.com
www.listenfoundation.org

LISTEN is a non-profit organization that provides financial assistance and therapy services to families and children who are deaf/hh for: early intervention services, habilitation, parent education and support, coordination with schools, and training for professionals.

***Rocky Mountain Deaf School**

8605 W. 23rd Ave.
Lakewood, CO 80215
(303) 984-5741
website: www.rmdeafschool.org

The mission of Rocky Mountain Deaf School is to provide Deaf children - early childhood through 12th grade -- an education that is Deaf-friendly, supportive of the child's home, and managed by the parents, the Deaf community and the school personnel.

Mental Health Corporation of Denver

4353 E Colfax Ave., Denver, CO 80220
V 320-5701, TTY 320-8526

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

Nanette McClenden, M.S. CCC-SLP, Cert. AVT
303-887-0842

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

Relay Colorado - Dial 711

Voice Relay services for the deaf or speech impaired

Sewall Child Development Center

1360 Vine, Denver, CO 80206
(303) 399-1800

Early intervention services for Part C or Part B eligible children; specialized program for deaf/hard of hearing children

The Shared Reading Project at CSDB

Deb Branch or Cathy Bennett, SRP Site Coordinators at CSDB

719-578-2221 (phone)

email: dbranch@csdb.org or cbennett@csdb.org for more information and to sign up.

The Shared Reading Project (SRP) is a nationally acclaimed program that helps promote early literacy in young Deaf and Hard of Hearing children. Colorado School for the Deaf and the Blind is a Shared Reading Project site. Deaf tutors teach parents and caregivers how to read effectively to their Deaf and Hard of Hearing children using

American Sign Language and how to use strategies to make book sharing most effective. Culturally diverse Deaf readers were videotaped as they used American Sign Language to read fun, predictable children's books. Because children love seeing these books read over and over again, the parents have repeated opportunities to practice. Deaf tutors visit the home to demonstrate how to sign the stories, and provide instant feedback to family members. The family uses the videotapes of deaf readers signing the story to reinforce the new signs after the tutor has left. Research shows that parents who read to their children improve the children's ability to learn to read. The Shared Reading Project is being implemented and used throughout the country with great success. SRP is designed for children birth through age eight.

Specialized Services for Hearing Impaired Children

441 Saint Paul Street, Denver, CO 80206
(303) 321-8611

Speech, hearing & language services for children w/hearing loss via auditory-verbal training 0-10 years old.

University Hospital

Audiology Department

4200 E. 9th Ave, Denver, CO(303) 270-7937 Audiological testing, hearing aid dispenser; cochlear implant program, Marion Downs Hearing Clinic

NATIONAL RESOURCES

Advanced Bionics Corporation

12740 San Fernando Road
Sylmar, CA. 91342 USA
For parents who are considering a cochlear implant for their child and would like more information.

Alexander Graham Bell Association for the Deaf and Hard of Hearing

3417 Volta Place, NW
Washington, D.C. 20007-2778
V (202) 337-5220 TTY (202) 337-5221
Website: www.agbell.org
An international organization comprised of parents, professionals and oral deaf/hh children and adults that provide newsletters, journals, and information relating to oral education. Financial aid programs available for children with hearing loss. Mentoring programs, leadership opportunities for deaf/hh teens and young adults and Advocacy services available for members.

American Academy of Audiology

8201 Greensboro Dr., Ste 300
McLean, VA 22102
1-800-222-2336 v/tty
web: www.audiology.org
Professional organization for audiologists; provides information on audiology and related issues

American Society for Deaf Children

PO Box 3355
Gettysburg, PA 17325
v/tty (717) 334-7922
Parent hotline 1(800) 942-ASDC
Email: asdc1@aol.com
www.deafchildren.org
Prints the Endeavor & provides parent support, especially for information regarding the use of american sign language.

American Speech-Language-Hearing Association

10801 Rockville Pike
Rockville, MD. 20853-3279
(301) 897-5700
www.asha.org
Professional organization for speech language pathologists & audiologists; provides information on communication disorders

Auditory-Verbal International, Inc. (AVI)

2121 Eisenhower Ave., Suite 402
Alexandria, VA. 22313
(703) 739-1049 V (703) 739-0874 TTY
www.auditory-verbal.org
An international organization providing resources and information to parents & professionals on teaching HI children to speak with residual hearing & amplification.

Beginnings for Parents of Hearing Impaired Children, Inc.

PO Box 17646
Raleigh, NC 27609
Toll free: Voice/tty 919-850-2746
A resource and reference organization that produces materials and videos oriented towards helping families make choices about communication methods
www.ncbegin.com

Better Hearing Institute

P.O. Box 1840
Washington, DC. 20013
V/TDD 1(800) EAR-WELL
Non-Profit organization. Provides information concerning hearing loss and hearing aids and where to go for help.

Boystown National Research Hospital

Center for Childhood Deafness
555 N. 30th Street
Omaha, NE 68131
V/tty: (402) 498-6521
www.babyhearing.org

Central Institute for the Deaf

818 S. Euclid Avenue
St. Louis, MO 63110
(314) 977-0000
Research, information, and resources about deafness

Cochlear Corporation

61 Inverness Drive East, Suite 200
Englewood, CO. 80112
V/TDD 1(800) 523-5798
For parents who are considering a cochlear implant for their child and would like more information.

Cochlear Implant Association, Inc

5335 Wisconsin Ave., NW Ste. 440
Washington, DC 20015-2034
(202) 895-2781 v/tty
www.cici.org
non-profit organization for cochlear implant recipients, their families, professionals, and other individuals interested in cochlear implants. The Association provides support and information and access to local support groups for adults and children who have cochlear implants, or who are interested in learning about cochlear implants. We also advocate for the rights of and services for people with hearing loss.

Deafpride

1350 Potomac Ave. SE
Washington, DC 20003
(202) 675-6700 V/TDD
Advocacy for the rights of deaf people and their families.

Families for Hands & Voices, National

P0 Box 371926
 Denver CO 80237
 (303) 300-9763
 Toll free 1-866-422-0422
 www.handsandvoices.org

A national parent-driven organization dedicated to non-biased support to families who have children with deafness or hearing loss. Activities include outreach events, educational seminars, advocacy lobbying efforts, parent-to-parent network, and a newsletter.

House Ear Institute

2100 West Third Street, Fifth Floor
 Los Angeles, CA. 90057
 (213) 483-4431 V (213) 484-2642 TTY

A non-profit organization that provides information on hearing loss.

Infant Hearing Resources

Hearing & Speech Institute
 3515 SW Veterans Hospital Road
 Portland, OR 97201
 (503) 228-6479

Information and resources for young children who are Deaf/Hard of hearing.

Info to Go

Gallaudet University
 800 Florida Ave. NE
 Washington, D.C. 20002-3695
 V 202-651-5051 202-651-5052 TTY
 Email: clearinghouse.infotogo@gallaudet.edu
 www.gallaudet.edu

Centralized source of information on topics dealing with deafness and hearing loss. Disseminates information on deafness, hearing loss, services and programs related to people with hearing loss available throughout the United States.

International Hearing Dog, Inc.

5909 East 89th Ave.
 Henderson CO.
 (303) 287-3277 V/TDD

Hearing dog training and placement

Intertribal Deaf Council

www.epcc.edu/community/nmip/idc.html

Upholds and continues the Native American traditions and holds events/conventions for Native American deaf and hard of hearing individuals in the U.S. and Canada.

John Tracy Clinic

806 W. Adams Blvd.
 Los Angeles, CA. 90007
 (800) 522-4582
 www.johntracyclinic.org

Provides free home study program on teaching spoken language to infants & young HI children, plus clinics - All for parents

Leadline

1(800) 352-8888

International hotline for parents regarding issues of deafness and hearing loss.

Marion Downs National Center for Infant Hearing

University of Colorado at Boulder, Campus Box 409
 Boulder, CO 80309
 (303) 492-6283

www.colorado.edu.slhs/mdnc

information on universal newborn hearing screening, assessment, diagnosis, and early intervention. Research information available

National Association of the Deaf

814 Thayer Ave.
 Silver Springs, MD. 20910
 v(301) 587-1788 tty(301) 587-1789
 www.nad.org

A 111-year old consumer advocacy organization for the deaf; \$25 subscriptions for The NAD Broadcaster

National Center for Low-Incidence Disabilities

University of Northern Colorado
 Campus Box 146
 Greeley, CO 80639
 1-800-395-2693
 (970) 351-1151 v/tty
 www.nclid.unco.edu

NCLID is a federally-funded center established to increase the nation's capacity to provide educational and other services to infants, children, and youth with deafness, blindness, and severe disabilities. The four main functions of NCLID are: information exchange for families, teachers, administrators, and other service providers; local support of teachers and families to increase specialized services; teacher training to increase the supply of specially trained teachers; and research and dissemination of the research and best practices.

National Cued Speech Association

23970 Hermitage Road
 Shaker Heights, OH 44122
 Toll Free Voice/tty: (800) 459-3529
 Email: cuedspdics@aol.com
 www.cuedspeech.org

For general information & to get local contacts on Cueing.

National Deaf Education Project

Lawrence M. Siegel, Director
 TTY: (415) 925-6798
 Phone: (415) 925-6797
 Email: ndep@worldnet.att.net

A Collaborative project of the American Sorcity of Deaf Children, The Conf. Of Ed. Administrors of Schools for the

Deaf, the NAD, Gauledet and others to reform the educational delivery system for deaf/hh children.

National Black Deaf Advocates

246 Sycamore St., Ste. 100
Decatur, GA 30030
TTY: 404-687-9155; phone 404-687-8920
www.nbda.org

Promotes the well-being, culture, and empowerment of African-Americans who are deaf or hard of hearing.

National Deaf Latinas/os

Deaf Aztlan
PO Box 14431
San Francisco, CA 94114
www.deafvison.net/aztlan/

Promotes the well-being, culture, and empowerment of Latinas/os who are deaf or hard of hearing.

NIDCD Heredity Hearing Impairment Resource Registry

555 No.30th Street, Omaha, NE 68131
(800) 320-1171 V/TDD
E-mail: deaf@boystown.org/hhrrr/

Options

7056 So. Washington Ave.
Whittier, CA. 90602
(310) 945-8391

An international Council of Private Independent Schools providing Auditory/Oral Education for hearing impaired children

Self Help for Hard of Hearing People, Inc. (SHHH)

7910 Woodmont Ave., Ste. 1200
Behesda, MD 20814
V (301) 587-1788 tty (301) 657-2249
www.shhh.org

See links to education /children with hearing loss; organizations; other resources on the web; about SHHH (for position papers); Listserv for parents of hard of hearing kids.

SKI*HI Institute

Utah State University
6500 Old Main Hill
Logan, UT 84322-6500
(435) 797-5600

Early Intervention Curriculum for children with Hearing loss.

The Starkey Fund

6700 Washington Ave. SO
Eden Prairie, MN. 55344
(800) 328-8602

Donates hearing instruments to individuals who cannot otherwise afford them. This is accomplished through local dispensers who have individuals complete an application, which is reviewed by Starkey

TRIPOD

2901 North Keystone St.
Burbank, CA 91504
Voice/tty 818-972-2080

Innovative Education program

SERVICE CLUBS THAT SUPPORT PROGRAMS FOR SPEECH AND HEARING

Business and Professional Women's Clubs, National Federation

2012 Massachusetts Avenue
NW
Washington, DC 20036
(202) 293-1100

Civitan International

I Civitan Place
Birmingham, AL 35213-1983
(205) 591-8910
(800) CIVITAN

Lions Clubs International

(708) 866-3000

300 22nd Street
Oak Brook, IL 60521
(708) 571-5466

Sertoma International

1912 East Myer Boulevard
Kansas City, MO 64132
(816) 333-8300

Kiwanis, International

3636 Woodview Place
Indianapolis, IN 46268-3196
(317) 875-8755
(800) 549-2647

Pilot International

244 College Street
PO Box 4844
Macon, GA 31213-0599
(912) 743-7403

Quota International

1420 21st Street NW
Washington, DC 20036
(202) 331-9694

Rotary International

1 Rotary Center
1560 Sherman Avenue
Evanston, IL 60201

ADDITIONAL WEBSITES NOT LISTED IN NATIONAL/STATE RESOURCES

Animated American Sign Language Dictionary

www.bconnex.net/~randys/

This site provides both videos and animations demonstrating signs and fingerspelling for a glossary of English vocabulary items. Also contains many links to related sites.

American Sign Language Dictionary Online

www.deafworldweb.org/asl/

Beach Center: Family Resources

www.beachcenter.org

Center for Hearing Loss in Children-Boystown

www.boystown.org/chlc/

This site contains many information fact sets and links for both parents and professionals regarding hearing loss, hearing aids, and deafness.

Deaf Cyberkids

www.deafworldweb.org/kids/

This web site is focused on children with opportunities such as participating in a talk group, communicating with pen pals, displaying their art work. There is a link for parents, educators, and professionals to Deaf Discussion Group.

Deaf Education Option Web

www2.pair.com/options/

Presented here are descriptions and discussions concerning the various communication training that can be used by deaf children and their families. Includes information regarding technology.

HearUs

www.hearus.org

Website from Washington, DC, by mom of 2 deaf children. Mission is to be family advocate for universal reimbursement for cochlear implants and hearing aids.

Hearing Health Magazine

www.hearinghealthmag.com

website has feature articles from current issues, including a considerable amount regarding newborns, deafness, consumer information.

www.sign2me.net

benefits of teaching sign language to babies

www.adcohearing.com

assistive technology link with some great books

www.buttepublishing.com

Quality ASL books!

Hard of Hearing and Deaf Students: A Resource Guide to Support Classroom Teachers

<http://www.bced.gov.bc.ca/speciated/hearimpair/>

Hearing Innovations Resource Center

www.hearinginnovations.com/rc.html

Hearing Resource Links

www.islandhearing.com/links.html

HIP Magazine (for children)

www.hipmag.org

Magazine for deaf and hard of hearing kids and their pals, published 5x yr., Berkely, CA \$16.95 yr.

KidSource OnLine

www.kidsource.com

link to "What is Early Intervention?", discussion area for parents.

Listen Up & Talk It Up

www.listenup.org/index.htm

Web site established by the parent of a hard of hearing child. Includes discussion of communication stimulation program marketed on the site. Many related links for both parents and children.

Oral Deaf Education

www.oraldeafed.org

free resources for parents of deaf and hard of hearing children, in English, spanish, french, and chinese.

Speechreading

www.mambo.ucsc.edu/psl/lipr.html

Contains publication abstracts and graphics from several researchers in the area of lip-reading.

Where Do We Go From Hear?

www.gohear.org

Award winning site by the mother of a Colorado hard of hearing boy. Offers family stories, resources, unique dolls with hearing aids.

FUNDING SOURCES FOR CHILDREN

Early Intervention Funding: See Page 26

Colorado State Grange Mandy Project

Deaf Activities Director
10,7000 W. Colfax Ave. Ste. C
Lakewood, CO 80215-3808
(303) 237-9655 (now 970-588-3386)

Ask for application, which includes audiogram, letter from parent, picture of family, some financial records. The Project writes a check for an amount they decide and it is written to the hearing aid dispenser. Often takes about three months to receive funds, written to the hearing aid dispenser.

Communications for the Deaf and Hard of Hearing (CDHH)

Contact: Hal Leith, (303) 278-1204,
2050 Mt. Zion Drive, Golden, CO 80401

This is a private citizen who has a donation bank. These hearing aids are not typically the latest technology but may be suitable for some children. If a match is found, these aids are donated free of charge.

Disabled Children's Relief Fund (DCRF) P.O. Box 7420,
Freeport, N.Y. 11520
#516-377-1605

Mission: To promote the growth and development of children with disabilities, increase public awareness, and support efforts that strengthen compliance with state and federal laws for the benefit of children with disabilities.

Easter Seal Society – El Paso County

719-574-9002

Easter Seals coordinates the HEARS program along with Sertoma in El Paso County. Applications are due before the end of the month and the board meets the last week of each month to decide about funding. They work through the Colorado Speech and Hearing Clinic, a United Way Agency. Digital aids are denied funding typically, but children occasionally qualify for help through an arrangement with Colorado Otolaryngology Associates. The Clinic may also be a source for assistance.

Friends of Man

P.O. Box 937
Littleton, CO 80160-0937
(303) 798-2342

A therapist, nurse or audiologist must call for the application.

Colorado Division of Vocational Rehabilitation

Contact: Krista Dann 303-894-2525
Assists individuals over the age of 18 years prepare for, obtain and/or maintain employment.

The HIKE Fund (Hearing Impaired Kids Endowment Fund)

Mail applications to: The HIKE Fund, Inc.,

The International Center for Job's Daughters,
233 W. 6th Street,
Papillion, NE 68046

Local contact: Marilyn Hepp (303) 986-6705

Purpose: To provide hearing devices for children with hearing impairment from newborn through 20 years of age, whose parents are financially unable to meet this need. Funding is raised through Job's Daughters, and typically takes six months from application to receiving funds. Large amounts are possible.

HEAR Project

Nancy Schrer: (970) 351-2012 (Denver)

Designed to supplement the purchase of amplification, assistive devices, accessories, cochlear implant equipment, EM systems, and services needed for children aged birth to 21 years of age.

LISTEN Foundation

6950 E. Belleview Ave., Suite 102
Greenwood Village, CO 80111

(303) 781-9440,
(303) 781-2018 (fax)

email: lstnfoun@aol.com www.listenfoundation.org

Provides financial assistance and a free 90 day diagnostic/evaluation period to families and children who are deaf and /or hard of hearing an opportunity to listen and speak.

Rotary International

District Office: Adele Emerson

(303) 477-0654,
fax (303) 477-0658

Sertoma CI Club

For children who need financial assistance to pay for a cochlear implant or parts, primarily for Denver area Residents.

Denver:

Al Keeler, 303-771-0395
Jackie Clarke 303-762-2155

SSI (Supplemental Security Income)

1-800-772-1213

Pure Tone Average must be greater than >90dB and aided discrimination <40%. This is not assistance with hearing aids per se but would provide supplemental income if parents meet financial guidelines.

Starkey Hearing Foundation

www.starkey.com

Donates more than 10,000 hearing aids each year to people who can't afford them.

Also try any civic or church groups familiar to the family.

BOOKS

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

A Personal Quest for Educational Excellence for a Hard of Hearing Child: Self Help for Hard of Hearing
www.shhh.org

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)

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, 1996

Come Sign with Us: Sign Language Activities for Children. By Jan C. Hafer and Robert M. Wilson. Illustrated by Paul Setzer.

Cochlear implants: a handbook/ by Bonnie Poitras Tucker. Published by Jefferson, N.C.: McFarland, (1998)

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 implanting cochlear hearing devices in children. Describes findings from a survey and follow up interviews with parents of children who have implants.

Cochlear implantation for infants and children: advances/senior editor, Graeme M. Clark: editors, Robert S.C. Cowan, Richard C. Dowell. Published by San Diego: Singular Pub. Group, (1997)

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: The 1988 Revolution at Gallaudet University. John B. Christiansen and Sharon N. Barnartt

Educational and Communication Needs of Deaf and Hard of Hearing Children: A Statement of Principle Regarding Fundamental Systemic Educational Change Lawrence Siegel, National Deaf Education Project, 2000; The statement of principle proposes educational reform to provide deaf and hard of hearing children with a language-rich educational experience.

Facilitating hearing and Listening in Young Children Carol Flexer, 2nd edition, San Diego, A.: Singular Publishing Group, 1999; Emphasizes the need to create an "auditory world" Information on many facets of hearing loss, amplification technology, cochlear implants, federal laws and listening strategies.

From Emotions to Advocacy: The Special Education Survival Guide Pam Wright and Pete Wright
Harbor House Law Press, Inc. Hartfield, VA 23071 www.wrightslaw.com

Foundations of bilingual education and bilingualism: Baker, C. (1996) Clevedon: Multilingual Matters

How the Student with Hearing Loss Can Succeed in College: A handbook for Students, Families and Professionals. Edited by Carol Flexer, Ph.D., Denise Wray, Ph.D., and Ron Leavitt, M.S. Foreword by Mark Ross, Ph.D. Alexander Graham Bell Association for the Deaf, Inc., (1990)

Handtalk School: Words and sign Language depict a group of students involved in putting on a Thanksgiving play at a school for deaf children. By Mary Beth. New York: Toronto: New York: Four Winds Press; Collier Macmillan Canada; Maxwell Macmillan International, (1991)

IDEA Advocacy for Children who are Deaf or Hard of hearing: A guide for parents of children who are deaf or hard of hearing and the professional involved in their education. By Bonnie Poitras Tucker, J.D. Singular Publishing Group, (1997)

Kid-friendly parenting with deaf and hard of hearing children: By Daria J. Medwid, Denise Chapman Weston. Washington, D.C.: Clerc books, (1995)

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.: Alexander Graham Bell Association for the Deaf, 1996
A parent's perspective provides an overview of services for hard of hearing children.

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

Raising and educating a deaf child: by Marc Marschart. New York: Oxford University Press, (1997)

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

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

So your child has a hearing loss: next steps for parents. Washington, DC: AG Bell, (2000)

Special children, challenged parents: the struggles and rewards of raising a child with a disability, by Robert A Naseef. Secucus, N.J.: Carol Pub. Group, (1997)

Teacher Training Workshop: SHHH Publications, (1992)

The Politics of American Sign Language in Deaf Education: Nover, S. & Ruiz, R. (1994) In Brenda Schick and Mary P. Moeller (Eds.), *The use of sign language in instructional settings: Current concepts and controversies*. Boys Town National Research Hospital: Omaha, Neb.

The Silent Garden: Ogden, P.W., & Lipsett, S. (1982) *Understanding the hearing-impaired child*. New York: St. Martin Press

The Comprehensive Signed English Dictionary: Harry Bornstein, Karen L. Saulnier, and Lillian B. Hamilton, Editors

The Mask of benevolence: disabling the deaf community, by Harlan Lane. New York: Knopf, (1992)

The Signing Family: what every parent should know about sign communication, by David A. Stewart. Washington, D.C.: Gallaudet University Press, (1998)

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)

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

When Bad Things Happen to Good People: Kushner, H. (1981) New York: Avon Books

When the Mind Hears: by 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 from New York Press

Wrightslaw: Special Education Law Peter W.D. Wright and Pamela Darr Wright Harbor Law Press, 1st edition 1999 www.wrightslaw.com

VIDEOS

Captioned Media Program

National Association of the Deaf

1447 E. Main Street

Spartanburg, SC 29307

1-800-237-6213 (VOICE); 1-800-237-6819 (TTY); 1-800-538-5636 (FAX)

Email us: info@cfv.org

What Is the Captioned Media Program? Free-loan Media (no rental fees); Open-captioned (no need for a decoder); 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;

American Culture: The Deaf Perspective. (4tapes) Available from the San Francisco Public Library, TDD (415) 557-4433 or V (415) 557-4434

Auditory-Verbal Therapy for Parents and Professionals: Introduces AV therapy, speech-language development, etc. via parent stories and taped therapy sessions, from A.G. Bell (202) 337-8767

Beginnings: A program that examines all communication choices without bias; from Beginnings, V/TTD (919) 733-5920

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

Computer-Assisted Note taking (CAN): You see it-visual technologies for Deaf and Hard of Hearing People. Gallaudet University

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

Dreams Spoken Here available at www.oraldeaf.org

Do You Hear That? Shows auditory-verbal therapy is therapy is session with children who have hearing aids or cochlear implants; for parents, educators and professionals from A.G. Bell (202) 337-8767

Families with hard of hearing children: What if you child has a hearing loss? Parents and professionals talk about having a hard-of-hearing child. available through your Co-Hear coordinator (see page 17)

Home Total Communication Video Tapes: Shows over 1000 signs, available from Hope, Inc. 809 North 800 East, Logan, Utah 84321, (801) 752-9533

I Can Hear! Describes the auditory-verbal approach for developing speech and language; families and professionals profiles, available from A.G. Bell (202) 337-8767

I See What You Say: A 12-minute introduction to Cued Speech from the Cued Speech Center, (919) 828-1218

The Kids with the Hi-Tech Ears: Supporting Students with Cochlear Implants in the Classroom; from SCS, Inc., Now Available -- Call 303-639-5806 for ordering information.

Language Says It all: Los Angeles, CA. TRIPOD Productions, (1987), ½" VHS.

Lost Dreams and Growth: a 70-minute videotape, by Ken Moses. Available from Resource Networks, (312) 862-4522, 930 Maple Ave. Evanston, IL 60202. (1988)

Mother's Look at Total Communication: A VHS tape available by Modern Signs Press

Positive Parenting: A family sign language curriculum. Produced by the Center for Hearing Loss in Children (2 tapes)

Parents' guide to deafness and hearing loss: Covers such topics, as how to communicate, where to go for help, and what the child's educational experience will be. Madison, WI: University of Wisconsin Hospital and Clinics, Dept. of Outreach Education. (1 tape)

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

Show and Tell: Explains the challenges hearing impairments impose on mainstream teachers, from the Clarke School, available from A.G. Bell (202) 337-8767

Sign Cartoons: including Superman, Casper, Raggedy Ann, Three Bears, Popeye, and Three Little Pigs, available from HOPE, Inc.

Sign Enhancers: Showing ASL use, call sign Enhancers 1-800-76-sign-1

Sign With Me: Sign With Me Series – A family Sign Language Curriculum Boystown Press Brenda Schick and Mary Pat Moeller <https://www.girlsandboystown.org/products>

Teaching the Kids with High Tech Ears Considerations for kids with cochlear implants in the classroom Seaver Creative Services email: parentadvocate@handsandvoices.org

TERMS AND DEFINITIONS

ABR/AUDITORY BRAINSTEM RESPONSE:

A non-invasive test that measures responses in the brain waves to auditory stimulus. This test can indicate whether or not sound is being detected, even in an infant. This test may also be referred to as BAER, BSEP, and BSER. ALGO 2 automated ABR screening device used in many hospitals for universal newborn hearing screening.

ACOUSTICS:

Pertaining to sound, the sense of hearing or the science of sound. Often used to refer to the quality of the sound environment.

ACQUIRED HEARING LOSS:

Hearing loss, which is not present at birth. Sometimes referred to as adventitious loss.

ADVOCACY:

This term refers to the role parents or guardians play in developing and monitoring their child's educational program. Advocating for your child means knowing what rights are assured you by the 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.

AMBIENT NOISE:

Background noise, which competes with the main speech signal.

AMPLIFICATION:

The use of hearing aids and other electronic devices to increase the loudness of a sound so that it may be more easily received and understood.

ASSISTIVE COMMUNICATION DEVICES:

Devices and systems which are available to help deaf and hard of hearing people improve communication, adapt to their environment, and function in society more effectively.

ATONAL:

Refers to voice quality that lacks traditional musical tonality or harmonics.

AUDIOGRAM:

A graph on which a person's ability to hear different pitches (frequencies) at different volumes (intensities) of sound is recorded.

AUDIOLOGICAL

ASSESSMENT:

A hearing test comprised of identifying pure-tone thresholds, impedance testing, speech recognition, and speech discrimination measurements, which shows the type and degree of hearing loss. The test can also assess how well the child is hearing with amplification.

AUDIOLOGIST:

A person who holds a degree in audiology and is a specialist in testing hearing and /or hearing loss. The American Speech-Language hearing Association is the only organization, which currently certifies

audiologists although the American Academy of Audiology may also certify audiologists in the future. A certified audiologist will have the letters CCC-A or FAAA behind their name.

AUDITORY TRAINING:

The process of training a person's residual hearing in the awareness, identification, and interpretation of sound. Usually works with speech language therapist or Audiologist.

AURAL HABILITATION:

Training designed to help a person with hearing loss to make productive use of residual hearing. Sometimes includes training in speech reading.

BEHAVIORAL OBSERVATION AUDIOMETRY:

An audiologist assesses a young child's behavioral response to sound by observation.

BILINGUAL / BICULTURAL:

Being fluent in two languages and membership in two cultures. Such as hearing (spoken language) and the Deaf culture (sign language).

BILATERAL HEARING LOSS

A mild to profound hearing loss in both ears.

BINAURAL HEARING AIDS:

Hearing aids worn on both ears.

BODY AIDS:

An amplification unit that is worn on the body Provides increased gain (power) and less feedback for individuals with a severe hearing loss. Primarily used only in special situations where ear-level hearing aids cannot be used.

BONE CONDUCTION:

Sound received through the bones of the skull.

CHRONOLOGICAL AGE/ADJUSTED AGE:

Chronological is how old the infant or child is based on his/her date of birth. It is referred to when comparing him or her to other children born at that same time. If a baby was born prematurely, however, his/her development may be measured at his/her adjusted age. Adjusted age takes into account the time between premature birth and the actual due date of a full term pregnancy Doing this gives a truer reflection of what the baby's developmental progress should be.

COCHLEAR IMPLANT:

A cochlear implant is an electronic device that is surgically implanted in the cochlea of the inner ear. It transmits auditory information directly to the brain, by-passing damaged or absent auditory nerves. Technically, it synthesizes hearing of all sounds, but the wearer requires training to attach meaning to the sounds. This is called auditory "habilitation", or "re-habilitation". Typically, cochlear implant users have severe to profound hearing losses and do not get much benefit from hearing aids. Successful CI users gain useful hearing and improved communication abilities. The FDA has approved CIs for adults and children who are profoundly deaf at age 12 months, and for those with severe hearing loss at age 24 months.

COGNITIVE:

Refers to the ability to think, learn and remember.

CONDITION PLAY AUDIOMETRY- (CPA):

In play audiometry the audiologist helps the child understand the rules for playing a game. For example, when the child is presented with a sound he or she is to drop a block into a container, indicating that the sound was heard. Play audiometry is generally used when the child is at least 18 months old.

CONDUCTIVE HEARING LOSS:

Impairment of hearing due to failure of sound waves to reach the inner ear through the normal air conduction channels of the outer and middle ear. In children, conductive loss is typically medically correctable, and is most often associated with Otitis Media.

CONGENITAL HEARING LOSS:

Hearing loss present at birth or associated with the birth process, or which develops in the first few days of life.

DEAF:

Medically and clinically speaking a hearing loss which is so severe that the child is unable to process linguistic information through 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, it applies to those whose primary receptive channel of communication is visual.

DEAF COMMUNITY:

A group of people who share common interests and a common heritage. Their mode of communication is 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. The Deaf community in the United States may have a wide range of perspectives on issues, but emphasis remains on Deafness as a positive state of being.

DEAF CULTURE:

A view of life manifested by the mores, beliefs, artistic expression, understandings and language (ASL) particular to Deaf people. A capital "D" is often used in the word Deaf when it refers to community or cultural aspects of Deafness.

DEAF BLINDNESS:

Educationally significant combined loss of vision and hearing.

DECIBEL: (dB):

The unit of measurement for the loudness of a sound. The higher the dB, the louder the sound and the worse the hearing loss.

DECODER:

An electronic device or computer chip that can display closed captions encoded in television programs or videocassettes. Also called a telecaption adapter.

EAR MOLD:

A custom made plastic or vinyl piece which fits into the outer ear to connect with a hearing aid.

EDUCATIONAL INTERPRETER:

A person who is able to perform conventional interpreting, together with special skills for working in the educational environment..

ELIGIBILITY:

A child must be determined eligible for special education services, based on specific disabling conditions and an exhibited delay (see Part B & Part C) in one or more of the following areas: cognitive ability, motor skills, social/adaptive behavior, perceptual skills, and / or communication skills.

ENT:

A medical doctor, who specializes in the ears, nose and throat. **Sometimes referred to as an otolaryngologist, otologist.**

FINGERSPELLING:

Finger spelling is a standardized series of handshapes to form word. Each letter has its own particular word. Usually it is used when there is no sign for a particular word.

FM SYSTEM:

An assistive listening device worn by the speaker to amplify his/her voice and transmit it directly to the listener's ears via an electronic receiver and special earphones or the listener's own hearing aids. The device reduces the problem of background noise interference and the problem of distance between speaker and hearing-impaired listener.

FREQUENCY:

The number of vibrations per second of a sound. Frequency, expressed in Hertz (Hz), determines the pitch of the sound.

GAIN:

The range that describes how well the amplification is performing mg. For example, a child with unaided hearing at 70 dB who, when amplified, hears at 30dB, is experiencing a gain of 40 dB.

GENETIC COUNSELING:

Provides genetic diagnosis and counseling for individuals with birth defect/genetic disorders, which may involve hearing loss and genetic counseling including recurrence risk information for individuals with hearing loss and their families.

HARD OF HEARING

1.) A hearing loss, whether permanent or fluctuating, which adversely affects and individual's ability to detect and decipher some sounds. 2) The term preferred over "hearing impaired" by the Deaf and hard of hearing community to refer to individuals who have hearing loss, but also have and use residual hearing.

HEARING SCREENING:

Audiometric testing of the ability to hear selected frequencies at intensities above normal hearing. The purpose is to identify individuals with hearing loss, with minimal time expenditure, and to refer them for further testing.

HEARING AID

An electronic device that conducts and amplifies sound to the ear.

HEARING IMPAIRED:

Applies to those who are acoustically disabled / auditorially deficient for whom the primary receptive channel of communication is, even with deficits, hearing.

HEARING LOSS:

The following hearing levels are typically characterized as follows:

Normal Hearing	0 dB to 15 dB
Mild Loss	16 dB to 35 dB
Moderate	36 dB to 50 dB
Moderate/Severe	51 dB to 70 dB
Severe Loss	71 dB to 90 dB
Profound	91 dB or more

HUGGIES:

The brand name of a plastic-ringed device designed to "hug" the hearing aid to the ear. Popular for infants and toddlers whose ears may be too small to hold the hearing aid snugly in place.

I.D.E.A.:

The Individuals with Disabilities Education Act, Public Law PL 105-17; formerly known as 101-476, PL 94-142 and PL 99- 457. Part C (See "Part C") provides services to children birth to three years of age with disabilities.

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.

INDIVIDUAL FAMILY SERVICE PLAN (IFSP):

The IFSP addresses 1) The family's strengths, needs, concerns and priorities; 2) identifies support services available to meet those needs; and 3) empowers the family to meet the developmental needs of their infant or toddler with a disability. The IFSP is a written plan developed by parents or guardians with input from a multi disciplinary team. (Reference part C.)

INDIVIDUALIZED EDUCATION PLAN (IEP):

A team-developed, written program, which identifies therapeutic and educational goals and objectives, needed to appropriately address the educational needs of a school-aged student with a disability. An IEP for a child with hearing loss should take into account such factors as 1) communication needs and the child's and family's preferred mode of communication 2) linguistic needs; 3) severity of hearing loss; 4) academic progress; 5) social, emotional needs, including opportunities for peer interactions and communication; and 6) appropriate accommodations to facilitate learning.

INTENSITY:

The loudness of a sound, measured in decibels (dB)

INTERPRETER:

A person who facilitates communication between hearing and deaf or hard of hearing persons through interpretation into a signed language, or transliteration of a language into a visual and/or phonemic code by an oral interpreter, a signed language interpreter or cued speech interpreter.

INTONATION:

The aspect of speech made up of changes in stress and pitch in the voice.

LEAST RESTRICTIVE ENVIRONMENT:

A basic principle of Public Law 101-476 (IDEA) which requires public agencies to establish procedures to ensure that to the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with children who are not disabled, and that special classes, separate schooling, or other removal of children with disabilities from the regular educational environment occurs only when the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

MAINSTREAMING:

The concept that students with disabilities should be integrated with their non-disabled peers to the maximum extent possible, when appropriate to the needs of the child with a disability. Mainstreaming is one point on a continuum of educational options. The term is sometimes used synonymously with "inclusion."

MONAURAL AMPLIFICATION:

The use of one hearing aid instead of two.

MORPHEME:

A linguistic unit of relatively stable meaning that cannot be divided into smaller meaningful parts.

MULTI-DISCIPLINARY ASSESSMENT AND EVALUATION:

Qualified persons representing two or more disciplines or professions, i.e.; a speech therapist and an audiologist make 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 language of the home, i.e. the native language of children who are deaf with deaf parents is often American Sign Language.

ORAL:

An unspecific term that is sometimes used when referring to individuals with hearing loss and deafness who talk but don't necessarily use sign language. Emphasis is placed on use of residual hearing, lip reading 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 evolve into permanent loss.

OTO-ACOUSTIC EMISSIONS (OAE):

A passive audiological test that verifies cochlear activity, often is used in testing infants suspected of hearing loss. A probe is placed in the ear canal for this measurement of sensorineural deafness.

OTOLOGIST:

A physician who specializes in medical problems of the ear.

OUTPUT:

Refers to how much amplification is being put out by a hearing aid

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 Public Law PL 105-17 (I.D.E.A.) that refers to early intervention services available to eligible children from birth through two years of age and their families.

PART B:

Part B is the section of Public Law PL 105-17 (I.D.E.A.) that refers to early intervention services available to eligible children aged three through twenty-one in the public schools.

PERI-LINGUAL DEAFNESS:

Refers to hearing loss acquired while learning a first language.

POST-LINGUAL DEAFNESS:

Refers to hearing loss acquired after learning a first language.

PRE-LINGUAL DEAFNESS:

Refers to hearing loss, which is congenital or acquired before acquisition of language

REAL-EAR MEASUREMENT:

An audiological test that measures the actual output of the hearing aid in the ear canal. This test uses a “probe-microphone” that is placed into the ear canal along with the hearing aid and ear mold fitted in place. It assesses how effectively sound is actually being amplified by the hearing aids in the ear. It is considered a very important measurement because everyone's ear canals are shaped differently and this will effect how a hearing aid functions.

RELAY TELEPHONE SERVICES:

Relay Telephone Service/Relay Network. A service which involves an operator “relaying” conversation between a TDD/TTY user (generally a person with a hearing loss and/or speech impairment) and a hearing/speaking individual using an ordinary, non-adapted phone.

RESIDUAL HEARING:

The amount of usable hearing that a person with hearing loss has.

SEMANTICS:

The use of language in meaningful referents, both in word and sentence structures.

SENSORINEURAL

A type of hearing impairment caused by damage that occurs to the inner ear (cochlea) and or nerve of hearing. Sensorineural damage is usually irreversible.

SPEECH RECEPTION THRESHOLD (SRT):

This is the faintest level at which an individual identifies 50% of the simple spoken words presented and repeats them correctly.

SPEECH I LANGUAGE PATHOLOGIST:

A professional who works with individuals who have specific needs in the areas of speech and language.

SPEECH AWARENESS THRESHOLD (SAT):

This is the faintest level at which anyone detects speech fifty percent of the time. This is indicated in an audiological test, with and/or without hearing aids.

SPEECH INTELLIGIBILITY:

The ability to be understood when using Speech.

SPEECH ZONE: (SPEECH BANANA)

On an audiological graph measured in decibels and frequencies, the area wherein most conversational sounds of spoken language occur. Sometimes called the "speech banana" because of the shape this area depicts on the graph. The purpose of wearing hearing aids is to amplify sound into this zone.

SPEECHREADING:

The interpretation of lip and mouth movements, facial expressions, gestures, prosodic and melodic aspects of speech, structural characteristics of language, and topical and contextual clues.

SYNTAX:

Defines the word classes of language, i.e., nouns, verbs, etc..and the rules for their combination, i.e., which words can combine and in what order.

TACTILE AIDS:

A type of assistive communication device that emits a vibration or "tactile" signal to indicate the presence of sound(s). It is worn on the body and triggers the sense of touch or feeling to draw attention to information that cannot be heard by the individual with hearing loss.

TELECOMMUNICATION DEVICES FOR THE DEAF (TDD'S):

Originally and often still called Tty's, these electronic devices allow the deaf and hard of hearing to communicate via a text telephone system. This term appears in ADA regulations and legislation.

TYMPANOGRAM:

A pressure or "impedance" test that tells how the ear canal, eardrum, eustachian tube, and middle ear bones are working. It is not a hearing test.

UNILATERAL HEARING LOSS:

A mild to profound hearing loss in one ear.

VISUAL REINFORCEMENT AUDIOMETRY (VRA):

A method of assessment in which the child is conditioned to look at a toy that lights each time he or she hears a sound; used with young children.