

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

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TABLE OF CONTENTS

INTRODUCTION TO THIS GUIDE	6
GETTING STARTED	7
“YOUR CHILD HAS A HEARING LOSS”	7
WHO CAN HELP?	8
AUDIOLOGIST	8
COLORADO HEARING RESOURCE (CO-HEAR) COORDINATOR	8
EARLY INTERVENTION SPECIALIST OF DEAF/HARD OF HEARING INFANTS & TODDLERS	8
PEDIATRICIAN/FAMILY PRACTITIONER/MEDICAL HOME	9
OTOLOGIST, OTOLARYNGOLOGIST OR EAR, NOSE, THROAT (ENT) PHYSICIAN	9
OTHER PARENTS OF DEAF OR HARD OF HEARING CHILDREN	9
HANDS & VOICES GUIDE BY YOUR SIDE	10
DEAF AND HARD OF HEARING ADULTS	10
COMMUNICATION CHOICES	11
FACTORS TO CONSIDER	11
COMMUNICATION CHOICES - DEFINITIONS	12
AMERICAN SIGN LANGUAGE (ASL)	12
AUDITORY-ORAL (AO)	12
AUDITORY-VERBAL (AV)	12
CUED SPEECH	12
SIMULTANEOUS COMMUNICATION	12
TOTAL COMMUNICATION (TC):	12
COMMUNICATION CHOICES: FREQUENTLY ASKED QUESTIONS	13
QUESTIONS ABOUT AMPLIFICATION FOR CHILDREN	14
WHEN SHOULD MY CHILD GET A HEARING AID?	14
WHAT IS A HEARING AID?	14
WHO DECIDES WHICH HEARING AID IS BEST?	14
WHAT STYLES OF HEARING AIDS ARE AVAILABLE FOR CHILDREN?	14
WHAT TYPES OF HEARING AID CIRCUITRY ARE AVAILABLE?	15
WHAT OTHER TYPES OF HEARING AIDS MIGHT BE NECESSARY:	15
WHAT OTHER DEVICES MIGHT BE OPTIONS FOR MY CHILD?	16
OTHER QUESTIONS YOU MIGHT WANT TO ASK AN AUDIOLOGIST:	17
MORE INFORMATION/RESOURCES ABOUT COCHLEAR IMPLANTS	17
DESCRIPTION OF DEGREE OF HEARING LOSS VS. POTENTIAL EFFECTS	18
THE EAR	19
AUDIOGRAM OF FAMILIAR SOUNDS	20
FUNDING SOURCES FOR EARLY INTERVENTION	21
ADDITIONAL FUNDING RESOURCES	22
THE FUNDING TOOL KIT	22

THE FAMILY ASSESSMENT	23
HOW THE FAMILY ASSESSMENT WORKS:	23
QUESTIONS AND ANSWERS	23
WHAT ONE FAMILY HAS TO SAY ABOUT THE ASSESSMENTS:	24
FAMILY RESOURCES	25
CO-HEAR REGIONAL COORDINATORS:	25
PEDIATRIC AUDIOLOGY REGIONAL COORDINATORS	26
HEALTH CARE PROGRAM FOR CHILDREN WITH SPECIAL NEEDS (HCP) AUDIOLOGY REGIONAL COORDINATORS	26
SEE A FULL LISTING OF ORGANIZATIONS, PROGRAMS, SERVICE PROVIDERS, EDUCATIONAL FACILITIES, WEBSITES, BOOKS AND VIDEOS STARTING ON PAGE 38	28
TRANSITION TO PRESCHOOL	29
DEAF CHILD BILL OF RIGHTS	30
WHAT IS THE DEAF CHILD BILL OF RIGHTS?	30
WHAT IS THE IMPACT OF THE DEAF CHILD BILL OF RIGHTS ON MY CHILD'S EDUCATION?	30
WHEN WILL THE LAW TAKE EFFECT AND WHEN WILL MY CHILD HAVE HIS/HER OWN "COMMUNICATION PLAN"?	30
WHERE CAN I FIND MORE INFORMATION ABOUT THE DEAF CHILD BILL OF RIGHTS AND DEAF EDUCATION REFORM MOVEMENT ACTIVITIES?	30
IEP COMMUNICATION PLAN	31
GUIDELINES FOR USE	31
COMMUNICATION PLAN FOR CHILD/STUDENT WHO IS DEAF/HARD OF HEARING	32
THE IEP CHECKLIST:	33
FREQUENTLY ASKED QUESTIONS	34
PARENTING THE CHILD WHO IS DEAF OR HARD OF HEARING	36
STATE RESOURCES:	38
ORGANIZATIONS/AGENCIES	38
PROGRAMS/SERVICE PROVIDERS / EDUCATIONAL FACILITIES*	40
NATIONAL RESOURCES	45
RECOMMENDED "STARTING OUT" WEBSITES:	48
SERVICE CLUBS THAT MAY SUPPORT PROGRAMS FOR SPEECH & HEARING	48
FUNDING SOURCES FOR CHILDREN	50
PRIVATE FUNDING SOURCES	52
PRIVATE FUNDING SOURCES FOR HEARING AIDS	52
BOOKS	55
VIDEOS	57
TERMS AND DEFINITIONS	59

Resource 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, Videos Watched Websites Visited		Communication Option		Comments	
Parent of Deaf or Hard of Hearing Child / Deaf Adult		Phone	Age of Child/ Communication Option		Comments

INTRODUCTION TO THIS GUIDE

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

This Resource Guide is for you. Whether you're a parent who has 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 options that are presented in an unbiased way.
- Find out about services and supports available to families and professionals.
- Get information on resources for financial assistance.
- Learn about the rights of individuals who are deaf or hard of hearing and how to advocate for them.
- Discover community support systems, resources and programs.

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 succeed. His or her needs, as well as the needs of the family, will change with time. 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.

Editor's Note: The authors of this guide do not officially endorse or certify any of the resources/service providers listed in this publication. It is the reader's responsibility to check the validity and references of anyone listed in this guide.

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

GETTING STARTED

“YOUR CHILD HAS A HEARING LOSS”

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, and 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.

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 hearing loss, 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:

- Having the appropriate equipment and the skills to test the hearing of infants and toddlers.
- Obtaining complete information about your child's hearing in each ear at a range of frequencies.
- Carrying out, or referring infants or difficult-to-test children for, Otoacoustic Emissions (OAE) testing and Auditory Brainstem Response (ABR) testing, when necessary.
- Recommending appropriate amplification if chosen by the family.
- Keeping your child equipped with well-fitting earmolds.
- Testing your child while wearing amplification and questioning parents about their child's responses to sounds at home.
- Giving you information about early intervention programs available to your family.
- Working in partnership with you and early intervention specialists to monitor and maintain your child's amplification systems (Hearing aids, FM systems, cochlear implants).
- Helping your child learn to use amplification.
- Helping to make sure amplification is working properly, and teaching you how to make sure equipment is working properly. Teaching you how to troubleshoot problems.
- Keeping records of your child's progress in acquisition of listening skills.

COLORADO HEARING RESOURCE (CO-HEAR) COORDINATOR

(See page 25)

(A program of the Colorado School for the Deaf and the Blind)

The CO-Hear can help by:

- Initial in-home visit at which time communication options are discussed and demonstrated and programs specific to the needs of deaf and hard-of-hearing children in the community are explained.
- Emotional support is offered.
- Assistance in securing funding for intervention services and hearing aids.
- Connections to other resources within the community.
- Service Coordination.
- Printed materials and video-tapes are shared with families.
- Representation at IFSP meetings and IEP meetings.
- Consultation with school districts around transition issues.
- Connection to the state-wide parent support group, Colorado Families for Hands & Voices.

EARLY INTERVENTION SPECIALIST OF DEAF/HARD OF HEARING INFANTS & TODDLERS

The Specialist/Educator can help by:

- Describing the services offered through their early intervention program and costs, if any, associated with services.
- 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.

- Answering, when possible, your questions about how your child's hearing loss will affect his ability to learn, to communicate, and to participate in school and society.
- Discussing with you how both your child's strengths and needs and your family's strengths and needs will be assessed and when these assessments will take place.
- Giving you a time line for when services will begin and end.
- Describing the curriculum that will be used to promote your child's acquisition of listening and communication skills.
- 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.
- Listening to your observations and concerns about your child and discussing these with you.
- Working with the audiologist to help your child learn to use amplification and make sure the child's hearing aids function properly.
- Keeping records of child's progress in acquisition of listening skills.
- Providing you and your child with high-quality, individualized early intervention services that lead to your child acquiring listening and communication/language skills.
- Giving you support during difficult times.
- Working with you to define your child's educational needs when your child is ready to "graduate" from early intervention.

PEDIATRICIAN/FAMILY PRACTITIONER/MEDICAL HOME

Your child's primary care physician can help by:

- Referring you to an audiologist skilled in testing the hearing of infants and toddlers when you express concern about your child's hearing.
- Referrals to other specialists as needed (E.N.T., Genetics Counseling etc)
- Answering your questions about medical or surgical treatment of different types of hearing loss.
- Confirming the need for prompt action involving amplification and early intervention once your child has been diagnosed with hearing loss.
- Putting you in touch with early intervention programs.
- Treating your child - or referring to ear specialists - when your child has middle ear disease that increases his/her degree of hearing loss.



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

The ENT can help by:

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

OTHER PARENTS OF DEAF OR HARD OF HEARING CHILDREN

Other parents can help by:

- Sharing experiences they have had with professionals and early intervention programs.
- Telling you about people and information sources they have found useful.
- Listening to you.
- Sharing with you their feelings related to parenting a child with hearing loss and how their feelings have changed over time.
- Telling you about their child's achievements.
- Getting together with you so your children can play together. (See Guide by Your Side section above)

HANDS & VOICES GUIDE BY YOUR SIDE

The Hands & Voices Guide by Your Side program is an exciting program that provides an opportunity for a family who has just learned of their child's hearing loss to meet with another parent of a deaf or hard of hearing child. The family may understand what the new family is experiencing and can help to answer their questions.

The Guide-By-Your –Side Program can help by:

- The opportunity to establish a supportive relationship with another parent of a child who is deaf or hard of hearing.
- Unbiased information regarding communication options.
- An understanding of the unique needs of infants and young children who are deaf or hard of hearing.
- Answers to questions or links to other knowledgeable resources available locally, regionally, statewide or nationally.
- An introduction to other parent support opportunities available to families of a deaf or hard of hearing child in Colorado.

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

Contact: Janet DesGeorges at 303-492-6283 email: janet@handsandvoices.org

Or Sara Kennedy at 719-634-2328 email: sarak17@aol.com

Or go to www.handsandvoices.org, click on the CO star on the map to get to our H&V Colorado Website for your local Guide by Your Side Parent Coordinator

DEAF AND HARD OF HEARING ADULTS**Deaf and hard of hearing adults can help by:**

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

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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.

FACTORS TO CONSIDER

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?



PARENTS OF OLDER CHILDREN FIND THAT THEIR CHILDREN MAY SHIFT IN COMMUNICATION MODES AS THEY GROW AND DEVELOP THEIR OWN COMMUNICATION PREFERENCES AND ALSO SHIFT QUICKLY IN RESONSE TO CHANGING ENVIRONMENTS. YOU MAY FIND YOU ARE CONSIDERING AND/OR USING A VARIETY OF CHOICES AS TIME GOES ON!

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 (Signed Exact 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 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 LATER IN THIS GUIDE 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, 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.

What other considerations do I need to think about when looking at communication options for my child?

Hands & Voices has a new resource to help you think about some of the “Communication Considerations” you are faced with. How will your communication decision impact your child’s future, his/her education, and social life? What are some of the other things you should be considering? This new resource can be found through a link on the front page of our website. (www.handsandvoices.org)

QUESTIONS ABOUT AMPLIFICATION 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?

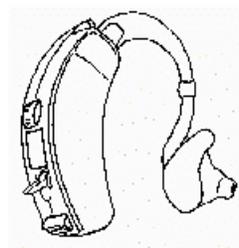
A hearing aid is a device for the ear, which makes sounds louder in the range of a particular hearing loss. The goal is to provide the ability to hear speech and environmental sounds at levels which are above the speech banana when possible.

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. This should include both behavioral and real ear testing. Real ear testing is an objective measure of the amount of amplification the child is receiving in their ear. Amplification can be influenced by the earmold and size of the ear canal. This test is critical for children when no concrete behavioral measures were obtained. 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:

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

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.

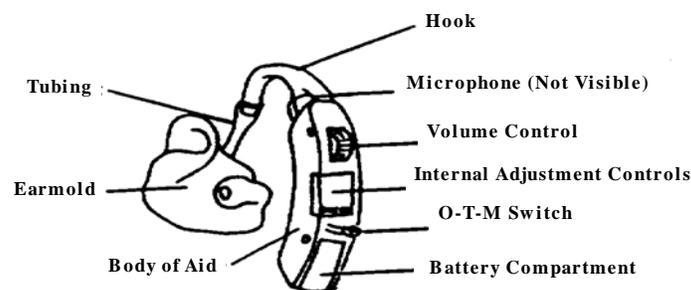
Microphone: Collects sound for amplification through a small opening in the hearing aid case.

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, M/T Mic/telephone

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. The volume control can be disabled by your audiologist.

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.

1. **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 is sensitive to changes in speech and environmental noises. Digital technology is superior to analog technology for its ability to enhance speech and reduce background noise. Digital aids make soft sounds more accessible and loud sounds more comfortable. Digital technology can be more efficient at eliminating feedback.
2. **Programmable Analog Signal Processing:** These circuits have an internal microchip that can allow for more precise sound adjustment. Because the sound input is not converted to a digital signal, they are less efficient at decreasing background noise and enhancing the speech signal.

BOTH ANALOG AND DIGITAL HEARING AIDS HAVE THE ABILITY TO HAVE SEVERAL PROGRAMS FOR DIFFERENT LISTENING ENVIRONMENTS. DIGITAL HEARING AIDS ARE ABLE TO SWITCH AUTOMATICALLY TO ACCOMMODATE FOR CHANGES IN BACKGROUND NOISE. BOTH TYPES OF HEARING AIDS ARE PROGRAMMED USING A COMPUTER AND CAN BE ADJUSTED TO ACCOMMODATE A WIDE RANGE OF HEARING LOSS.

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 may use bone conduction hearing aids. This is a specially adapted version of a behind-the-ear style of hearing aid which is held in place by a headband.

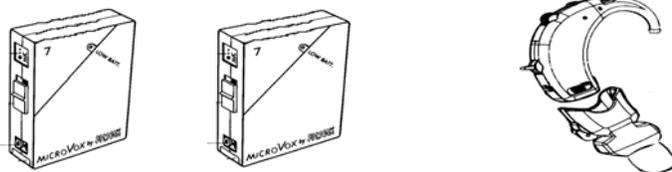
Transpositional Hearing Aids or Vibro-Tactile Hearing Aids: These are specialized hearing devices that may be necessary for some children with profound deafness who do not benefit from traditional types of hearing aids.

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 inner ear. The auditory nerve must be intact. 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 loss and do not benefit much from hearing aids. Successful CI users gain useful hearing and improved communication abilities. While technology is rapidly improving, cochlear implants are not a "cure" for hearing loss. The child will require auditory rehabilitation following implantation. Some children are receiving bilateral implants. 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. (see 'more information' next page)

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

OTHER QUESTIONS YOU MIGHT WANT TO ASK AN AUDIOLOGIST:

- Is the loss permanent?
- Does my child need more testing?
- How often should my child's hearing be tested?
- Can you tell if my child's hearing loss will get worse or change?
- Do both ears have the same hearing loss?
- How will the hearing loss affect my child's speech and language development?
- What could have caused my child's hearing loss?
- Would you suggest genetic counseling for our family?
- May I have a copy of the hearing test results?
- How much do hearing aids cost?
- Can I get help to pay for the hearing aids?
- Can you help me contact a program that can lend me hearing aids?
- What will my child hear with the hearing aids?
- How often will my child need new hearing aids or parts?
- What are the parts of a hearing aid that may need to be replaced?
- With my child's hearing loss, should I consider a cochlear implant?
- Where can I go for more information?
- Can you give me resources of people who will have different perspectives on our decision making process? (i.e. other professionals/other parents/deaf and hard of hearing adults)

MORE INFORMATION/RESOURCES ABOUT COCHLEAR IMPLANTS

Also, see book/video section in this guide

Navigating a forest of Information

<http://clercenter2.gallaudet.edu/KidsWorldDeafNet/e-docs/CI/CI-K.pdf>

Risk of Meningitis

<http://www.fda.gov/cdrh/safety/cochlear.html>
<http://www.nlm.nih.gov/medlineplus/tutorials/meningitis/htm/index.htm>

Cochlear Implant Myths & Realities

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

NAD Cochlear Implant Position Paper

<http://www.nad.org/site/pp.asp?c=foinkqmbf&b=138140>

Cochlear Implant online discussion group

<http://groups.yahoo.com/group/CIHear/>

FAQ's about Cochlear Implants

<http://thelisteningcenter.com>

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 if the loss is in the 36dB range but may miss up to 75% of conversational speech if the loss is in the 50dB range. Amplification may enable listener to hear & discriminate all sounds. Without amplification, 50% to 100% of speech signal may be missed. Speech may be affected unless optimally amplified.

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.

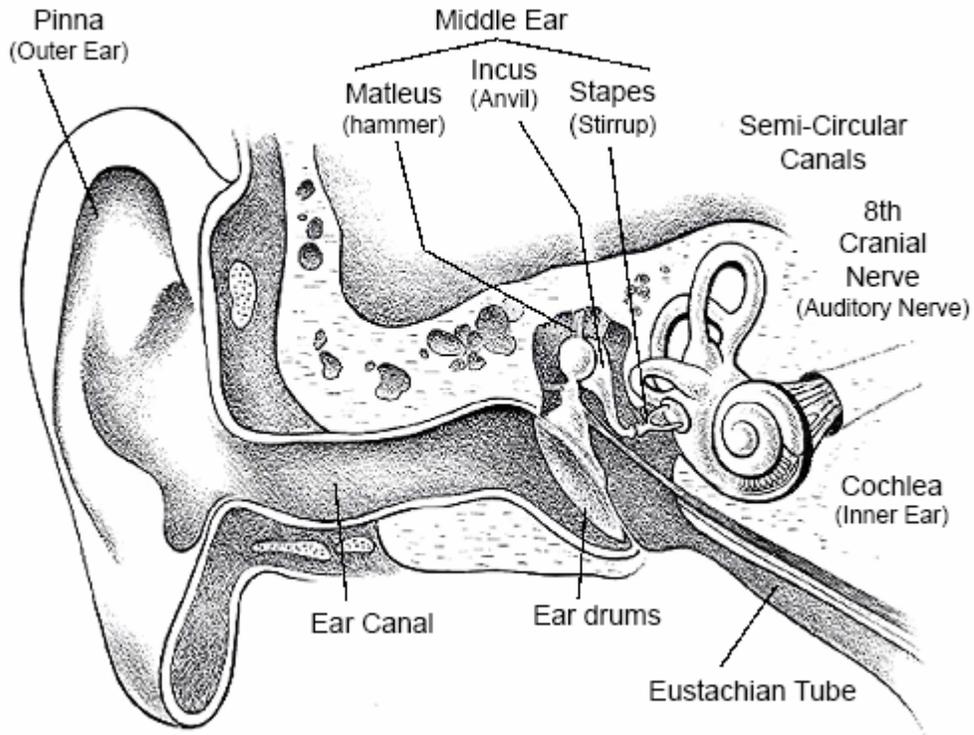
SEVERE 71-90 dB If loss is pre-lingual, spoken language & speech may not develop spontaneously, or could be severely delayed unless modifications & interventions are taken. With optimal amplification, should be able to detect all the sounds of speech and identify environmental sounds. Without amplification, 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. While some children will never exhibit an effect from the hearing loss others may experience some challenges. Contact your CO-Hear or CHIP for more information. (see resources list for contact info.)

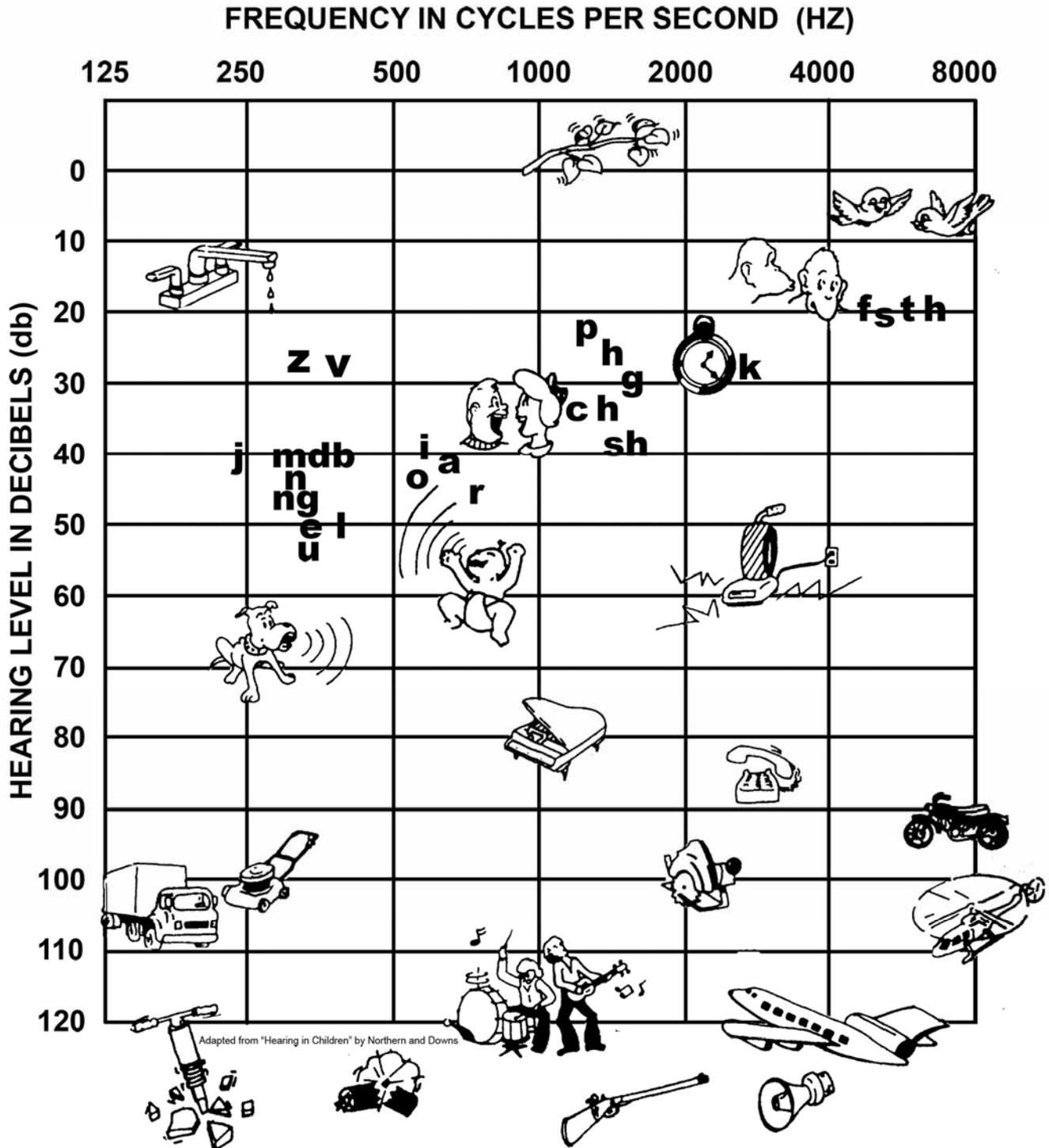
AUDITORY NEUROPATHY (also sometimes known as Auditory Dysynchrony) Auditory neuropathy is a hearing disorder in which sound enters the inner ear normally but the transmission of signals from the inner ear to the brain is impaired. It can affect people of all ages, from infancy through adulthood. The number of people affected by auditory neuropathy is not known, but the condition affects a relatively small percentage of people who are deaf or hard of hearing. People with auditory neuropathy may have normal hearing, or hearing loss ranging from mild to severe; they always have poor speech-perception abilities, meaning they have trouble understanding speech clearly. Often, speech perception is worse than would be predicted by the degree of hearing loss. For example, a person with auditory neuropathy may be able to hear sounds, but would still have difficulty recognizing spoken words. Sounds may fade in and out for these individuals and seem out of sync. Taken from: <http://www.nidcd.nih.gov/health/hearing/neuropathy.asp> Hearing aids may or may not benefit these children. Cochlear implants may benefit individuals when traditional amplification fails.

THE EAR



AUDIOGRAM OF FAMILIAR SOUNDS

“With author’s permission from “Hearing in Children, authored by J.Northern and M.Downs, (5th Edition,pg18,2002),Lippincott Williams and Wilkins Publishers, Baltimore,MD.”



FUNDING SOURCES FOR EARLY INTERVENTION					
AGENCY	SERVICES	DELIVERY	REGION	ACCESS	CONTACT
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
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 Resource Coordinator (Co-Hear)
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 Resource 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 Resource 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 Resource 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 Resource 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 Resource Coordinator (Co-Hear)

ADDITIONAL FUNDING RESOURCES

THE FUNDING TOOL KIT

The Funding Tool Kit is a 27 page document which compiles information about available funding for hearing aids and other services. This Full document is too large to include in this Resource Guide, however it can be downloaded on our web site at:

http://www.handsandvoices.org/pdf/par04_web.pdf

Sections in the Parent Funding Toolkit include:

- Instructions on creating a HEARING LOSS PORTFOLIO;
- Finding information about PRIVATE FUNDING SOURCES FOR HEARING AIDS, (excerpted in this resource guide on page ###) including HELPFUL HINTS WHEN APPLYING TO A PRIVATE FUNDING;
- Other HEARING AID FUNDING FOR COLORADO CHILDREN, including CHILDREN WHO ARE ELIGIBLE FOR MEDICAID, CHILD HEALTH PLAN PLUS (CHP+);
- Information about the HEARING AID LOANER BANK.
- Useful information about NAVIGATING HEALTH INSURANCE, the laws that regulate health insurance, what your RIGHTS are regarding health insurance, and information about the APPEALS process.

Testimony from a parent:

“Two of my three children are hard of hearing and wear hearing aids. Much to our surprise, their first sets of hearing aids were paid for by our insurance company. However, both children have a progressive hearing loss and within a few years needed better hearing aids; luckily technology had improved. Our insurance carrier changed and the new company did not pay for hearing aids. Two years in a row we had to secure funding for new digital hearing aids. The process seemed a little overwhelming at first, but once I sat down and filled out the applications, it wasn't so bad. Many applications ask for the same information and need the same documentation. Yes, it took some time, and money was received from different organizations, but we did receive help. It was well worth the effort. The second time around was easier because I knew ahead of time what I needed for the applications; I had copies of documents ready and a stack of business size envelopes to mail the applications. Do not assume your income will disqualify you from funding; many of the funding sources do not make their decisions based on income alone. Good luck!!”

See a complete listing of funding resources for all ages, birth - 21 on page 52

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 for each child and 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 their early intervention specialist complete a number of checklists when the videotape is made. These checklists measure:

- Functional auditory skills
- motor skills
- language and communication skills
- speech skills
- play skills
- family needs

The computerized and objective scoring:

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

- 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 describe a child's 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) and the Colorado School for the Deaf and the Blind, The Colorado Department of Education, and the Department of Speech/Language/Hearing Sciences at The University of Colorado-Boulder. The total cost is \$250 for a complete multi-disciplinary assessment. There is no cost to the family.

How does the family benefit?

The family 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 services are guided by this assessment information.

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 regional Colorado Hearing Resource Coordinator (CO-Hear Coordinator). The number for this coordinator is listed on next page.

FAMILY RESOURCES**CO-HEAR REGIONAL COORDINATORS:**

Each of the Colorado School for the Deaf and the Blind's 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 or Hard of Hearing. 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.

Director, Early Education Programs at CSDB
 Director, Colorado Home Intervention Program
Jennie Germano
 719-578-2116
 jgermano@csdb.org

Eagle, Garfield, Grand, Jackson, Lake, Mesa, Moffat,
 Pitkin, Rio Blanco, Routt, Summit
 Clear Creek, Jefferson, Gilpin, Park
Dinah Beams
 Phone (303) 735-5405
 Email: dbeams@comcast.net

Boulder, Broomfield, Montrose, Delta, Gunnison,
 Hinsdale, Ouray, San Miguel
Dee-Schuler-Woodard
 Phone: 303-678-0818
 Email: deebillw@ecentral.com

Arapahoe and Douglas Counties
Lynn Wismann-Horther
 Phone: (720) 220-9335
 Email: Lynnw_h@yahoo.com

Larimer, Adams, and Weld Counties
Annette Landes
 Phone (970) 494-4520
 Email: Alandes9@yahoo.com

Logan, Phillips, Washington, Morgan, Sedgwick, and
 Yuma Counties:
Wendy Dudley
 Phone (970) 522-8865
 Email: w.dudley@bresnan.net

Denver County
Robin Getz
 Phone: v/tty 303-627-2848
 Text Messaging: 720-212-4531
 Email: rlgetz@comcast.net

Pueblo, Custer, Fremont, Huerfano, Elbert, El Paso,
 Teller, Alamosa, Costilla, Rio Grande, Chaffee,
 Mineral, Saguache, Conejos,
Denise Davis Pedrie
 Phone (719) 578-2186
 Email: ddped@msn.com

Las Animas, Baca, Bent, Cheyenne, Crowley,
 Lincoln, Kiowa, Otero, Kit Carson, and Prowers
 Counties:
Sue Bemiss
 Phone: (719) 383-2623
 Email: sue.bemiss@sftboces.k12.co.us

Archuleta, La Plata, San Juan, Dolores, and
 Montezuma Counties:
Terry Wayt
 Phone 970- 882-7484
 Email: taw@velocitynetdsl.com
 twayt@cortez.k12.co.us

AUDIOLOGY REGIONAL COORDINATORS**HEALTH CARE PROGRAM FOR CHILDREN WITH SPECIAL NEEDS (HCP)
AUDIOLOGY REGIONAL COORDINATORS**

Regional Office	Contact and Address	Contact Information	County(ies)
State HCP Discipline Consultant	Vickie Thomson, Ph.D. C.C.C.-A. Program Director Colorado Department of Public Health and Environment Health Care Program for Children with Special Needs, PSD-HCP-A4 4300 Cherry Creek Drive South Denver, CO 80246-1530	Phone: 303-692-2458 Fax: 303-753-9249 Email: vickie.thomson@state.co.us	
Boulder	Sally Specht Boulder County Public Health 421 Mariana Point Ct Loveland, CO 80537	Phone: 303-678-6172 Fax: 303-441-1452 Email: sspecht@co.boulder.co.us	Boulder
Denver	Emily Fields Colorado Department of Public Health & Environment 4300 Cherry Creek Drive South Denver, CO 80246	Phone: 303-692-2349 Fax: 303-782-5576 Email: emily.fields@state.co.us	Denver
El Paso	Kathy Sera Budney 175 S Union Blvd Suite 330 Colorado Springs, CO 80910	Phone: 719-442-6984 Alt. Phone: 719-495-3617 Fax: 719-442-6985 Email: kbudney@divide.net	El Paso, Teller
Jefferson	Emily Fields Colorado Department of Public Health & Environment 4300 Cherry Creek Drive South Denver, CO 80246	Phone: 303-692-2349 Fax: 303-782-5576 Email: emily.fields@state.co.us	Broomfield, Clear Creek, Gilpin, Jefferson, Park
Larimer	Nancy Alexander 242 Centennial Dr. Estes Park, CO 80517	Phone: 970-586-6812 Fax: 970-498-6772 Email: ralexan444@aol.com	Larimer

Regional Office	Contact and Address	Contact Information	County(ies)
Northeast	Linda Jelden 315 South Reynolds Drive Holyoke, CO 80734	Phone: 970-854-2593 Fax: 970-522-1412 Email: ljelden@pctelcom.coop	Logan, Morgan, Phillips, Sedgwick, Washington, Yuma
Northwest	John Burke P. O. Box 770042 Steamboat Springs, CO 80477	Phone: 970-879-7286 Fax: 970-870-1326 Email: jburke1051@hotmail.com	Grand, Jackson, Moffat, Rio Blanco, Routt
Pueblo	Andrea Lucas Greenwood Ear Nose and Throat Specialists 1619 N Greenwood Ste 309 Pueblo, CO 81003	Phone: 719-544-7115 Fax: 719-442-6985 Email: andraelucas@yahoo.com	Pueblo
South Central	Daria Stakiw-Lake, Grande, Saguache 433 Stagecoach Lane New Castle, CO 81647	Phone: 970-984-3270 Fax: 719-589-2073 Email: dariastakiw@yahoo.com	Alamosa, Chaffee, Conejos, Costilla, Custer, Fremont, Huerfano, Lake, Las Animas, Mineral, Rio Grande, Saguache
South Central	Lara Ciasulli - San Luis Valley BOCS PO BOX 1198 Alamosa, CO 81101	Phone: 719-589-5851 Fax: 719-589-5007 Email: lciasulli@slvbocs.org	Alamosa, Chaffee, Conejos, Costilla, Custer, Fremont, Huerfano, Lake, Las Animas, Mineral, Rio Grande, Saguache
Southeast	Rachel McArthur, Ty Squires Kit Carson Lincoln 1899 Frank Street Burlington, CO 80807	Phone: 719-346-9497	Baca, Bent, Cheyenne, Crowley, Kiowa, Kit Carson, Lincoln, Otero, Prowers
Southwest	Stacy Claycomb 799 E 3rd St Durango, CO 81303	Phone: 000-000-0000 Fax: 000-000-0000 Email: stacy.claycomb@gmail.com	Archuleta, Dolores, La Plata, Montezuma, San Juan

Regional Office	Contact and Address	Contact Information	County(ies)
Tri-County Health Department - HCP	Jill Boice 2221 S St Paul Denver, CO 80210	Phone: 303-863-7580 Fax: 303-220-9208 Email: jill@booksandcats.net	Adams, Arapahoe, Douglas, Elbert
Weld	Deanna Meinke University of Northern Colorado Gunter Hall Office 1500 Campus Box 140 Greeley, CO 80634	Phone: 970-351-1600 Fax: 970-351-2974 Email: deanna.meinke@unco.edu	Weld
Western Slope	Daria Stakiw 433 Stagecoach Lane New Castle, CO 81647	Phone: 970-984-3270 Fax: 970-248-6972 Email: dariastakiw@yahoo.com	Delta, Eagle, Garfield, Gunnison, Hinsdale, Mesa, Montrose, Ouray, Pitkin, San Miguel, Summit
Western Slope	POSITION VACANT- Contact Daria Stakiw		Delta, Eagle, Garfield, Gunnison, Hinsdale, Mesa, Montrose, Ouray, Pitkin, San Miguel, Summit

See a full listing of organizations, programs, service providers, educational facilities, websites, books and videos starting on page 38

TRANSITION TO PRESCHOOL

The transitions between early intervention and preschool services, and later preschool and kindergarten, are emotional for all parents as they watch their little ones grow. Add a disability such as hearing loss, and these emotions are magnified. Issues associated with the disability intertwined with the responsibility of making the right choices for their children's future often results in a time of uncertainty that is exacerbated by an education process that can seem unwelcoming.

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

- **Early Childhood Connections**
<http://www.cde.state.co.us/earlychildhoodconnections/transition.htm>
Web page contains information, guidelines, and checklist on the transition planning process as well as sample transition plans.
- **Colorado state department of education-deaf/hard of hearing**
<http://www.cde.state.co.us/cdesped/SD-Hearing.asp>
Contains program directory for schools throughout the state, parents rights, Deaf Child Bill of Rights, numerous other articles and documents pertaining to hearing loss.
- **Supporting Families in Transition between Early Intervention and School Age Programs**
<http://www.handsandvoices.org/articles/education/law/transition.html>
An article with a comparison chart between Part C and Part B services. Also contains helpful information on making the transition successful.
- **A Question of Automatic Eligibility: Does My Deaf/ HH Child Need an IEP?**
http://www.handsandvoices.org/articles/education/law/auto_elig.html
An article focused on questions of eligibility, federal and state laws, and an IEP vs. 504 Plan

2. Visit preschool programs and envision your child participating in the program. Try to envision what it would look like with your child in the environment. How would your child interact? What if any accommodations need to be made? Is there access to other students or adults using the same communication mode? Two checklists exist to help in this area:

- **Parent Checklist: Preschool/ Kindergarten Placement for Children Who are Deaf/Hard Of Hearing**
http://www.handsandvoices.org/pdf/parent_checklist.pdf
- **McGurran Preschool Evaluation Chart**
http://www.handsandvoices.org/pdf/preschool_eval.pdf

3. Find parent support and collaboration. Parents who are heading into this transition period can benefit immensely from knowledge gained by parents who have already been through it. There is an article on preschool from a parent's perspective at the link listed below.

- **Surviving Preschool: Experiences of the Reluctant Parent**
http://www.handsandvoices.org/articles/fam_perspectives/preschool.html
- **A Student's Perspective**
http://www.handsandvoices.org/articles/fam_perspectives/alexhtml

4. Parent involvement is crucial to the success of any program. Once your child enters into a program, visit with teachers frequently. Staying involved will help assure that the program is meeting your child's needs. There are assessments available to assure the program is meeting individual needs.

- **Functional Auditory Performance Indicator**
http://www.cde.state.co.us/cdesped/download/pdf/FAPI_3-1-04g.pdf
- **Colorado Individual Performance Profile (Pre-CIPP)**. Pre-CIPP available by contacting Amy Dodd at CU Boulder, amy.dodd@colorado.edu

Adapted from Supporting Families in Transition between Early Intervention and School Age Programs by Cheryl Johnson, Colorado director of special education"

For more on transitions see Bridge to Preschool at: www.handsandvoices.org/pdf/TransRevised0107.pdf

DEAF CHILD BILL OF RIGHTS

WHAT IS THE DEAF CHILD BILL OF RIGHTS?

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

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

An outcome of the Deaf Child's Bill of Rights is that your child's IEP (Individual Education 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 took effect as of May 1996, and its rules for implementation were adopted in May of 1997. All IEPs being developed are required to include a Communication Plan. Still, it's not happening consistently. Nevertheless, we encourage parents to ensure that your IEP team works with you to create a Communication Plan for your child at your next IEP.

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

Go to www.ndepnow.org for the latest from all over the country about updates of DCBR and Reform activities, including the latest information on Colorado.

On the following page in the IEP Communication Guidelines for use, you'll find some very good concrete examples of how people are using the 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? Consider a Functional Listening Evaluation (http://www.handsandvoices.org/articles/education/ed/func_eval.pdf) What system/mode of sign language does the child use, if any? Has the student had training in how to use an interpreter? In what settings does a child's primary communication mode change? How does the child do in noisy situations?
- 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 CSDB Jr/Sr. High Annual Camp 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? School Placement should always be decided upon based on the individual child's communication needs with parents as active members of the decision making process. 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:** How does the expertise and proficiency of staff relate to the child's individual needs? 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. Are there training/in-servicing/mentoring possibilities? Is there an accommodation not being utilized? Review the IEP Checklist for Recommended Accommodations on **page 33**. 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.

1. 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.



FREQUENTLY ASKED QUESTIONS

Communication Plans for Deaf and Hard of Hearing Students

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

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

How frequently must the Communication Plan be reviewed?

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

How is the Communication Plan developed?

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

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

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

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

Include initial or review dates on the form

What if the parents don't use the same mode of communication as their child?

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

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

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

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

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

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

Components of the Communication Plan: Discussion Points

1. What kind of discussions should we have about "The Child's Primary Mode(s) of Communication"?
 - A clear identification of mode and consensus on how the student is communicating and whether his/her language development is appropriate should be addressed.
 - Consideration should be given to the changing communication needs in different environments (e.g., various classes, "centers", cafeteria, gym, computer lab, home, community).

- Consideration should be given to the different communication partners (e.g., teachers, other students, family) of this student.
 - The parents need for training to develop/improve skills in their child's primary communication mode should be considered.
2. What about "availability of deaf/hard of hearing peers and adult role models of the student's communication mode"?
- Discuss the opportunities for direct communication that are available to this student. Does s/he have communication peers in the classroom? On the sports team? How will authentic peer relationships be supported and encouraged? How often is enough?
 - Consider participation in state sponsored regional activities for D/HH students as well as summer programs such as Aspen Camp School for the Deaf/Hard of Hearing.
 - Plan for adult role models of the student's communication mode to be included in his/her school experience and/or in meaningful ways involved in the child's life.
 - Discuss opportunities for hearing peers to improve communication skills with the student.
3. Must all educational options be presented and explained?
- All educational options provided by the school district or administrative unit must be explained to the family. This includes neighborhood schools, center-based programs, and schools of choice.
 - An explanation of all educational programs available to the student must be provided. That would include residential deaf schools, charter schools, regional programs, and schools of choice.
 - Explaining all educational options does not require the IEP team to be experts in every program available in the state. Offer to loan the family the State Directory of D/HH Services so they can review all options if they're interested.
 - The placement decision is made by the IEP team, including parents, based on the child's IEP and communication needs.
4. Must teachers, interpreters, and other specialists delivering this Communication Plan have demonstrated proficiency in, and be able to accommodate for, the student's primary communication mode?
- Special education providers must be fully qualified according to CDE licensing (teachers, SLPs, ed interpreters, Para educators, audiologists).
 - The providers' skills should be linked to the child's individual communication needs based on their mode or language.
 - The general educators working with this student should be trained to support the child's communication mode.
 - Identify who is evaluating the "demonstrated communication proficiency" of the service providers. Is the evaluator qualified to do so?
 - Any paraprofessional or teaching assistant assigned to the student should also be proficient in his/her mode of communication.
 - CDE/CSDB D/HH consulting services should be utilized for consultation, evaluation, inservice and/or staff mentoring.
5. What does communication accessibility for academic instruction, school services, and extracurricular activities that apply to this student look like?
- Identify how access will be provided to school announcements, field trips, assemblies, etc..
 - Identify the assistive communication devices and technologies that are needed (flashing fire alarms, TTYs, acoustical adaptations) to provide access for the student.
 - Describe how the student will communicate with hearing peers on the playground, at the football game, during sports team practice, or on the bus.
 - Describe the plan for accessibility in group communication settings where multiple speakers are talking. Describe how this student's communication will be translated back to the class (if necessary).
 - Determine that films and media being shown in the student's classes are closed captioned. Identify the other accommodations that are needed.

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-on-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 Leanne Seaver from Thelma Harms Ph.D., University of North Carolina, Chapel Hill*

STATE RESOURCES:

Editor's Note: The authors of this guide do not officially endorse or certify any of the resources/service providers listed in this publication. It is the reader's responsibility to check the validity and references of anyone listed in this guide.

ORGANIZATIONS/AGENCIES

(Also see Programs, Service Providers and Educational Facilities listed below)

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.

ADCO Hearing Products, Inc.

4242 South Broadway
Englewood, CO 80113
(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 (CAD)

Veditz office
1575 Elmira Street
Aurora, CO 80010
Jennifer Pfau, President
JennPfau7@gmail.com

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. www.deafveditz.org

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

201 E. Colfax Ave
Denver, CO 80203
Contact: Sheryl Muir
(303) 866-6909

GREAT WEBSITE:

<http://www.cde.state.co.us/cdesped/SD-Hearing.asp>
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
3824 W Princeton Circle
Denver, CO 80236
(303) 866-7400 V, (303) 866-7471 TDD

Information regarding specialized counseling services for deaf/hard of hearing individuals. www.cdhs.state.co.us/ohr/mhs/index.html

Colorado Families for Hands & Voices

P0 Box 3093
Boulder, CO 80307
303-492-6283
www.handsandvoices.org
email: janet@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

Cliff Moers, Executive Director
1575 Sherman St
Denver, CO 80203
303-866-4734 tty
303-866-4824 voice
303-866-4831 fax

email: Deaf.Commission@state.co.us

www.cdhs.state.co.us/DeafCommission/index.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.

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

Vickie Thomson, Director of Newborn Screening Programs

4300 Cherry Creek Dr. South
Denver, CO 80246
303-692-2458

Vickie.Thomson@state.co.us

CDPHE is responsible for implementing newborn hearing legislation. Provides families with information for follow-up and referral. Local HCP offices can assist families with funding and resources for any child with special needs.

Deaf Ministry at East Boulder Baptist Church

7690 Baseline Road
Boulder, Co 80303
(303) 499-3553
(303) 422-5514 TTY/V

www.eastboulderbaptist.org/deaf/

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!

DDD: Division for Developmental Disabilities and CCBs: Community Centered Boards

303-866-7450
www.cdhs.state.co.us/ddd

Provides various services to individuals with developmental disabilities; Administers children and family programs, adult programs; Information on Community Centered Boards (organizations designated as the single entry point into long-term service and support for persons with developmental disabilities)

El Grupo Vida

303-904-6073

elgrupovida.org

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

Part C – Early Childhood Connections

1-888-777-4041

www.earlychildhoodconnections.org

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

Family Voices of Colorado

Christy Blakely, State Coordinator

800-881-8272

www.familyvoicesco.orgemail:

christy@familyvoicesco.org

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
cnoble@goodwilldenver.or

6850 N. Federal Blvd.

Denver, CO 80221

(303) 427-9394 tdd

(303) 650-7782 (fax)

303-650-7738 voice

www.goodwilldenver.org/

Hearing Loss Association of America (HLAA) formerly Self-Help for the Hard of Hearing, Inc. (SHHH)

State Chapter Coordinator Debbie Mohney

Boulder CO Phone Number : 303-938-9659

debbie@mountainocean.com

<http://www.hearinglosscolorado.org>

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

International Hearing Dog, Inc.

5901 E 89th Ave
 Henderson, CO
 303-287-3277
 V/TDD Hearing dog training and placement
 IHDI@aol.com
www.IHDI.org

PEAK: Parent Education & Assistance for Kids

611 N Weber Ste 200
 Colorado Springs, CO 80903
 1(800) 284-0251
www.peakparent.org
 email: info@peakparent.org
Information & resources for parents of children with disabilities; this center is the national resource site on inclusion

The Legal Center for People with Disabilities & Older People

1-800-288-1376
thelegalcenter.org
*Advice on the legal rights of people with disabilities
 Publishes Everyday Guide to Special Education Law*

P2P: Parent to Parent of Colorado

1-877-472-7201
p2p-co.org
One to one parent matching; Up-to-date information and referral; Listserv linking parents throughout the state; Quarterly newsletter; Resource packed website including support groups throughout the state and Parent Wisdom files

PEP: Parents Encouraging Parents

201 East Colfax Ave. Room 300
 Denver, CO 80203
 303-866-6846
 Fax: 303-866-8611
Outreach and support to parents on issues related to raising a child with disabilities; financial assistance resource, conferences

Relay Colorado 711 Administration

1580 Logan Street
 Denver, CO 80203
 303-894-2521 tty
Administrative offices providing outreach information www.dora.state.co.us/puc/telecom/relay_colorado.htm

Other Disability Specific Resources:

Autism Society of Colorado: 720-214-0794
 (Denver) or 1-866-733-0794, autismcolorado.org

Brain Injury Association: 303-355-9969,
biacolorado.org

Infantile Scoliosis Outreach Program (ISOP): 1-866-417-4873, infantilescoliosis.org

International Dyslexia Association/Rocky Mountain Branch: 303-721-9425

Mile High Down Syndrome Association: 303-797-1699, mhdsa.org

PROGRAMS/SERVICE PROVIDERS / EDUCATIONAL FACILITIES***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.

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. www.chsl.org/flash.html

Children's Hospital

13123 E. 16th Ave.
Aurora, CO 80045
720-777- 6800 (voice) 720-777 - 6886 (tty)

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-. www.thechildrenshospital.org

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.

CNI Center for Hearing

701 East Hampden Ave
Ste.330, Englewood,CO 80113
303-806-7416,303-788-5469,

www.TheCNI.org/hearing or jstucky@thecni.org

Offering a wide array of programs and services for children and families, including support groups, summer camps, donated cochlear implant and bone anchored hearing aid systems, auditory/verbal therapy, and more.

Cochlear Implant Center Aural Habilitation

Kristine R. Ash, M.A., CCC-A
PO Box 1582
Gunnison, CO 81230
Phone: 970-209-0634, Fax: 970-641-3314
kristineash@msn.com

Serving the Western Slope; Pre and post-operative audiological, programming, and maintenance. Offices in Gunnison, Montrose and Delta; Surgical referral relationship with CI Centers in Denver and Colorado Springs

***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
Contact: Jennie Germano
33 N Institute St
Colorado Springs, CO 80903
719-578-2116

jgermano@csdb.org

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

www.csdb.org/chip/ch_main.html

***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), Early Years, Intergrated Reading Program, and Shared Reading Project are under the umbrella of services offered by CSDB.
www.csdb.org

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.

Deaf/Hard of Hearing Connections

Birth – 21
 Colorado School for the Deaf and the blind
 Contact: Laura Douglas, Director of Outreach
 33 Institute Street
 Colorado Springs, CO 80132
ldouglas@csdb.org

Hard of hearing and 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.

Denver Ear Associates

401 W Hampden Ste 240
 Englewood, CO 80110
 (303) 788-7800

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

The Early Literacy Development Initiative (ELDI) Colorado School for the Deaf and the Blind – CSDB**For information about IRP, please contact:**

Dinah Beams dbeams@comcast.net or 303.735.5405

The Integrated Reading Project (IRP): *The Integrated Reading Project (IRP) is designed to help families learn how to read and enjoy books with their children who are deaf and hard of hearing. It is never too early to begin to develop a love of books, and lay the foundation for future success in reading and writing. As parents read to their children, language learning is enhanced and communication is fostered. Reading together also provides a wonderful opportunity for bonding! Key Points of the Integrated Reading Project: The Integrated Reading Project is designed for families who have chosen a simultaneous communication approach (signing and voicing at the same time). Sign is taught using conceptually accurate signs in English word order. For more, see:*
http://www.csdb.org/chip/m_earlylit_ini.html

The Shared Reading Project (CSDB):**For information about SRP, please contact:**

Deb Branch dbranch@csdb.org or 719.578.2221 or
 Cathy Bennett cbennett@csdb.org or 719.578.2168
 (t)

SRP teaches parents and other family members how to read stories to their child who is deaf or hard of hearing using American Sign Language (ASL).; Families sign up for a twenty week session during the school year; Each week, a Deaf tutor visits the family and demonstrates how to read a children's book using ASL. See more at:
http://www.csdb.org/chip/m_earlylit_ini.html

The Early Years Parent Group (CSDB)

Contact: Jennie Germano - Director of Early Education Programs
719-578 – 2116 - jgermano@csdb.org
or

Dana Ryan

719-578-2156 - dyan@csdb.org

This regional parent group is for families throughout Colorado with children who are deaf or hard of hearing ages birth to five. The Early Years Program will provide an opportunity for families to come together to build relationships with other families, deaf and hard of hearing adults, and professionals in their area who work with young children who are deaf or hard of hearing.

LISTEN Foundation

6950 E. Belleview Ave., Suite 203
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.

**Marion Downs Hearing Center
“Communication for a Lifetime”**

Specializing in direct clinical services/parent support/consumer advocacy/research/education
1793 -2 Quentin Street
Aurora, CO 80014
www.mariondownshearingcenter.org
720-848-2970

Mental Health Corporation of Denver

Specialized counseling services for individuals who are deaf/hard of hearing
303-504-6500 voice
303-300-2034 tty
www.mhcd.org

Nanette Thompson, 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

Rocky Mountain Cochlear Implant Center

601 East Hampden Ave STE 530
Englewood, CO 80110-2776
303-806-6293
Fax 303-806-6291
www.TheCNI.org

RMCIIC is a full service cochlear implant center providing consultations, medical and audiologic evaluations, diagnostic therapy, and in-service for schools.

***Rocky Mountain Deaf School**

1921 Youngfield St.
Golden, CO 80401
(303) 984-5749 voice
303-984-5741 tty
website: <http://www.rmdeafschool.net/>

The Mission of the Rocky Mountain Deaf School is to provide Deaf and Hard-of-Hearing children, preschool through eighth grade, a publicly funded bilingual education which promotes academic excellence, full proficiency in ASL and English literacy, and which supports the home - school connection by offering a "Deaf friendly" environment that includes the RMDS personnel, the RMDS Board, parents, and the Deaf community.

Rocky Mountain Ear Center:

601 East Hampden Ave. Ste 530, Englewood, CO
80113-2776, 303-783-9220, 303-806-6292 (fax)
www.TheCNI.org

RMEC is a full service hearing center that offers consultations, audiological testing and diagnostic therapy, hearing aid dispensing, surgical intervention (including the BAHA device), and in-service for schools.

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 www.sewall.org

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
1635 N Ursula St
Aurora, CO 80010
303-372-3190

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

University of Northern Colorado

Teacher Preparation Program Deaf/Hard of Hearing
School of Special Education
Campus Box 141 501 20th Street
Greeley, CO 80639
Program Coordinator: John Luckner
970)351-1672 V/TTY john.luckner@unco.ed

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

CNI Center for Hearing

701 East Hampden Ave
Ste.330, Englewood,CO 80113
303-806-7416,303-788-5469
www.TheCNI.org/hearing or jstucky@thecni.org

Offering a wide array of programs and services for children and families, including support groups, ,summer camps, donated cochlear implant and bone anchored hearing aid systems , auditory/verbal therapy, and more

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.

Hands & Voices (National)

P.O. Box 3093
Boulder, CO 80307
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.

Hearing Loss Association of America (HLAA) formerly Self Help for Hard of Hearing People, Inc. (SHHH)

7910 Woodmont Ave., Ste. 1200
Bethesda, 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.

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 Hearing Center
“Communication for a Lifetime”**

Specializing in direct clinical services/parent support/consumer advocacy/research/education
1793 -2 Quentin Street
Aurora, CO 80014
www.mariondownshearingcenter.org
720-848-2970

National Association of the Deaf

814 ThayerAve.
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: cuedspedics@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
www.ndepnow.org

A Collaborative project of the American Society of Deaf Children, The Conf. Of Ed. Administrators of Schools for the Deaf, the NAD, Gallaudet 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.

The National Center for Hearing Assessment & Management (NCHAM)

2880 Old Main Hill - Logan, Utah 84322
Tel: 435.797.3584
<http://www.infanthearing.org/index.html>

The goal of the National Center for Hearing Assessment and Management (NCHAM - pronounced "en-cham") at Utah State University is to ensure that all infants and toddlers with hearing loss are identified as early as possible and provided with timely and appropriate audiological, educational, and medical intervention. NCHAM's research, training, and technical assistance activities contribute to this goal

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/hhrr/

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

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

PO Box 1181
Los Alamitos, CA 90720
(213) 430-1467
Email: seecenter@seecenter.org
<http://www.seecenter.org/>

The Goals of the S.E.E. Center for the Advancement of Deaf Children are: To promote early identification and intervention; to promote development of improved English skills; to promote understanding of principles of Signing Exact English and its use; to promote information to parents on deafness and related topics

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

RECOMMENDED “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.mariondownshearingcenter.org
www.ndepnow.org

SERVICE CLUBS THAT MAY SUPPORT PROGRAMS FOR SPEECH & 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

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(708) 866-3000

ADDITIONAL WEBSITES NOT LISTED ABOVE**Animated American Sign Language Dictionary**

<http://www.masterstech-home.com/ASLDict.html>

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 Annals of the Deaf

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

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

American Sign Language Dictionary Online

www.deafworldweb.org/asl/

Beach Center: Family Resources

www.beachcenter.org

Boys Town National Research Hospital

<http://www.boystownhospital.org/parents/info/index.asp> - Provides helpful information to parents of children with hearing loss.

California State University Northridge

<http://menus.csun.edu/MENUS%20text/index.html>

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

Deaf Education Option Web

<http://www.notepage.com/dahoh/dlinks.htm>

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.

Hearing Health Magazine

www.hearinghealthmag.com

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

Sign2me

www.sign2me.net

benefits of teaching sign language to babies

ADCO

<http://www.adcohearing.com/>

Assistive technology link with some great books

Butte Publications

www.buttepublishing.com

Quality ASL books!

Hearing Resource Links

www.islandhearing.com/links.html

KidSource OnLine

www.kidsource.com

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

Listen Up

<http://www.listen-up.org/>

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.

Michigan State University ASL Browser Web Site

<http://commtechlab.msu.edu/sites/aslweb/browser.htm>

A basic dictionary of ASL terms using quick time animation

National Deaf Education Project

www.ndepnow.org

Web site with resources about national reformation projects/the National Agenda/Deaf Child Bill of Rights

NICHY

<http://www.nichy.org>

NICHY is one of four clearinghouses established by Congress to provide specialized information on disabilities.

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

Also, check out www.handsandvoices.org (Parent Funding Toolkit)

Colorado State Grange Mandy Project

Cindy Greer, Mandy Project Coordinator
7629 CR 100, Hesperus, CO 81326
970-588-3386
hcrdgreer@frontier.net

Application requires audiogram, letter from parent, picture of family, some financial records. The Project writes a check for the awarded amount. The check is written directly to the provider.

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.

CNI Center for Hearing

701 East Hampden Ave
Ste.330, Englewood,CO 80113
303-806-7416,303-788-5469
www.TheCNI.org/hearing or jstucky@thecni.org
Offering a wide array of programs and services for children and families, including support groups,summer camps, donated cochlear implant and bone anchored hearing aid systems,auditory/verbal therapy, and more

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)

www.thehikefund.org

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, FM 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.

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

PRIVATE FUNDING SOURCES

(For additional Birth – Three Funding sources see page – 21)

The chart below is part of the **Funding Tool Kit** which can be found at www.handsandvoices.org/pdf/par04_web.pdf

The **Funding Tool Kit** is the collaborative effort of three family support groups: Family Voices, (www.familyvoices.org), Colorado Families for Hands & Voices, (www.handsandvoices.org), and the Alexander Graham Bell Association for the Deaf and Hard of Hearing (www.coloradoagbell.org).

The parents who compiled this information all have children with a hearing loss and wanted to help identify funding sources to pay for hearing aids and/or related expenses.

PRIVATE FUNDING SOURCES FOR HEARING AIDS

For contact info on the organizations below, and for the full Funding Toolkit, visit to our website.

Organization	Range of funding / Who will receive money (Family / Provider)	Turn-around time	Income limits	Age criteria	Documentation required	Citizenship/ Residency	Coverage
AV Hunter	Case by case decisions Amounts vary Checks made payable to vendor only.	About three weeks if application is complete	None specified	3 and up	2 forms ID, prescription for hearing aids, cost estimate, proof of CO residency (min-12 months,	See application	Durable medical equipment
Center for Speech, Language, and Hearing	Case by case decisions	One to two weeks to process and respond	Fees based on sliding scale based on individual income	New born-adults	Verification of income, sometimes medical permission needed		Digital hearing aids, two packages of batteries, follow-up visits, warranty visits
Communication for the Deaf and Hard of Hearing	Refurbished hearing aids	As soon as acceptable hearing aids are available	Any person in need				Used hearing aids are donated to person in need
The Elks Lodge	Average amount \$200-\$300. depends on local Elks Lodge	Depends on when application is received. Meet once a month	Lower income range	Focus on children		Possibly in future	Individual basis/need

Organization	Range of funding / Who will receive money (Family / Provider)	Turn-around time	Income limits	Age criteria	Documentation required	Citizenship/ Residency	Coverage
First Hand Foundation	Will send money directly to provider Must provide name/address of provider	Decision 7-10 days after monthly meeting		Child still under care of pediatrician, child over 17 must be in child-like mental state	Doctor's letter, Documentation of child's healthcare, proof of financial statement, letter of denial from Medicaid/ insurance picture of child, info on equipment/ procedure		
Hear Now/Starkey	Program of last resort	6-8 weeks			Client must pay a non-refundable application processing fee; \$50.00 per hearing aid		Hearing aids
The Hearing Foundation: International Hearing Health Missions		5-7 working days	HEAR Now guidelines			Worldwide	Analog hearing aids, cleaning tools, batteries
H.E.A.R. Project	\$100-\$500	2-4 weeks	Short form: 200% of poverty (36,800 family of four) Long Form: Family of four combined income of 70,000	Birth-18	Short form: statement from audiologist Long form: Proof of income, bank statements, Proof of medical need, letter by parent/guardian of need, photo with permission to use, audiogram		Hearing aids, earmolds, repairs, FM systems
H.I.K.E	Case by case decision	Around 6 months	No income limit. Many recipients are children of working parents who are unable to afford this special need.	Birth-20	Financial disclosure, W-2 form and pay stub, recent audiogram, prescription from a licensed audiologist and/or physician		Hearing aids, FM systems, computers to assist deaf/hard of hearing children

Organization	Range of funding / Who will receive money (Family / Provider)	Turn-around time	Income limits	Age criteria	Documentation required	Citizenship/ Residency	Coverage
Mandy Project	Average \$500.-\$750. Checks only to provider	About two weeks	No set limits	Birth-college	Audiogram, picture, permission to use photo	Possibly in future	Open to covering anything for deaf/h.h child Coverage
Miracle-Ear Children's Foundation	Hearing aid coverage	4-6 weeks	\$20,000-\$40,000	Birth-16	Audiogram and medical signed release within six month period	Citizen of US and legal resident	Digital aid, BTE and In-the-Ear
Hearing Aid Bank for Weld County	Provide reconditioned hearing aid	2 weeks to a month	Health dept. limits for poverty		Audiogram within last three months	Weld county resident	Reconditioned hearing aids
Larimer County hearing Aid Bank	\$75.00-\$200.	Average 2 months	Sliding scale		Audiogram within a year	Larimer county resident	Repairs, ear molds, and hearing aids
CNI Center for Hearing's Cochlear Implant Assistance Program	Cochlear Implant systems are donated at no charge; families are still responsible for other charges such as hospital,surgical,and/or audiological fees,which sometimes may be waived or reduced.		Assist applicants who are un-insured or under-insured	1yr -adult		Permanent legal US residents	Cochlear Implant systems including internal and external components are donated to qualified applicants.
HealthONE Alliance	Maximum amount of funding that can be Requested 2000.00		Demonstrated financial need		Must be referred by appropriate agency; application sent by referring agency	Resident of Denver area	Medical or hospital care expenses

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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, 2006

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

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

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

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.

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

From Emotions to Advocacy: The Special Education Survival Guide 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, h.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)

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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

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A parent's perspective provides an overview of services for hard of hearing children.

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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)

A is for Access: Creating Full & Effective Communication Access for Students who are Deaf or Hard of Hearing To order, call Hands & Voices Tol-Free: 1-866-422-0422 V/TTY in Colorado: 303-300-9763 or download an order form at www.handsandvoices.org

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

Early Intervention Illustrated Series: "The Home Team" and "The Art & Science of Home Visits." To view these tapes, contact your Colorado Hearing Resource (CO-Hear) Coordinator. To purchase a copy, contact Boys Town Press or Hope, Inc.

Families with Deaf Children Parents and professionals talk about having a hard-of-hearing child. available through your Co-Hear coordinator

Families with Hard of Hearing Children: What if your child has a hearing loss? Parents and professionals talk about having a hard-of-hearing child. available through your Co-Hear coordinator

Home Total Communication Video Tapes: Shows over 1000 signs, available from Hope, Inc. 1856 N.1200 East North, Logan, Utah 84341, 435-245-2888 hope@hopepubl.com

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.

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

One Mother's Story. Available by Modern Signs Press. www.modernsignspress.com

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 Enhancers: Showing ASL use, call sign Enhancers 1-800-76-sign-1 (1-800-767-4461)

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

We are Hands & Voices A short video describing parent involvement and the Hands & Voices philosophy and organization. Order through www.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.

AUDITORY STEADY STATE RESPONSES (ASSR)

Like the ABR, the ASSR is a measure of the brainstem's responses to particular auditory stimuli. This non-invasive, painless test is also administered while the child is sleeping. ASSR technology offers the audiologist an additional way to determine your child's hearing across different frequencies. The equipment has higher upper limits than traditional ABR equipment, thus allowing the audiologist to more accurately differentiate between severe and profound hearing loss in infants.

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, middle ear function, 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 professional who treats and supports persons with hearing loss or balance disorders. New graduates in audiology are required to have their Doctorate in Audiology. Audiologists may be certified by ASHA, AAA, or ABA.

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 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:

Belonging to both a hearing/English language culture and Deaf Community/ASL culture

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.

CONDITIONED 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, understanding 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 shape. 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 an 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 108-446; formerly known as Public Law PL 105-17; 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. Part B of IDEA covers educational mandates for students age three through high school graduation or age-out of the system.

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 PROGRAM (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 who is deaf or hard of hearing must be accompanied by that child's Communication Plan, and must 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 and assistive communication devices to facilitate learning; 7) opportunities for interaction with peers and adults using the child's same communication mode; 8) the proficiency of the staff delivering identified services on the IEP and opportunities for direct instruction in the child's communication mode; 9) all educational placement options, and 10) how the extra-curricular activities will be made communication-accessible.

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:

Educational placement of students with disabilities into typical, general education classrooms, for some or all parts of the school day, based on the student's IEP. This placement decision may be rooted in the philosophy that all children 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.

SOUND FIELD SYSTEM

An assistive listening device which includes a microphone worn by the speaker to transmit an amplified signal through strategically placed speakers, usually in a classroom.

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 an individual identifies 50% of the spoken words presented and points to pictures or repeats them correctly.

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 be combined 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.

VIDEO RELAY/VIDEO PHONE:

Video Relay Service (VRS) is a communication technology where the deaf and hearing consumers are in different locations and are linked through an interpreter provided through a relay center. Users of VRS must have equipment that allows them to send their image to the Relay Center. Once connected, a deaf caller can simply sign a message to the sign language interpreter, who conveys it to the person called. That person, in turn, can reply and the interpreter will transmit the message in sign language back to the deaf caller.

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.