



early intervention

supporting families and child development

Planning for Children Who Are Deaf or Hard of Hearing and Their Families

A workbook designed especially for the families
of infants and toddlers in Early Intervention

Rhode Island Early Intervention Planning for Children Who Are Deaf or Hard of Hearing and Their Families



This document is designed to guide the conversation between families and their Early Intervention providers. The information gathered will assist in developing goals and making an individualized plan for your child's unique communication needs. It will also assist your EI provider in helping you secure the resources and information that is helpful to you. This worksheet is meant to be reviewed periodically so it can be updated with new information and to help set new goals. Many of the items in this workbook could easily translate into family outcomes on the IFSP.

1. Providing babies with early access to language (whether spoken, signed, pictures, etc.) is critical to brain development and may look different for children who are deaf or hard of hearing. For instance, right now it is essential for everyone who interacts with your baby to use: eye contact, touch, spoken language, sign language, gestures, facial expressions and sound.

The language(s) we currently use in our home are: (Check all that apply)

- English Spanish Other _____
- ASL (American Sign Language)
- A combination of languages - Describe: _____

We are considering or would like more information on the following: (Check all that apply)

- ASL Listening and Spoken Language
- Using touch cues and tactile objects Pictures/Symbols/Photographs
- Signing Supported English Other _____

According to the American Speech Language Hearing Association (ASHA), there is an important difference between speech and language.

Language is made up of socially shared rules that include:

- What words mean and how the same word can have different meanings
- How to make new words by adding endings and,
- How to put words together and use them to communicate and idea

Speech is the verbal means of communicating. Speech consists of:

- Articulation (How speech sounds are made)
- Voice (Using our vocal cords and breathing to produce sound) and
- Fluency (the rhythm of speech)

Acquiring language supports healthy cognitive development.

Your EI provider can share the milestones for language development and how this development can be supported for children who are deaf or hard of hearing.

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2. **It is important for all members of a child’s family and other caregivers to understand that children with hearing loss need more support to acquire language than their hearing peers. What are some of the supports that are necessary to help family and other caregivers to become language models?**

Supports I would like in the next few months: _____

Supports I would like to look into for the future: _____

3. **Some families use technology or other tools that helps a child to more actively and safely participate in his/her home, childcare or other community settings. *Some examples include web-based or video sign language learning, visual/picture supports, adaptive toys, hearing aids, cochlear implants, and FM systems.***

We currently use the following tools, methods or technology to support our child’s learning and development): _____

Other tools, methods or technology we are considering or would like more information on include: _____

4. **As children get older, Early Intervention can assist families in accessing resources to equip their home with items that help children be safer and learn to be in tune with his/her home environment. *Some examples in include smoke/fire alarms, doorbells, alarm clocks, closed captioning and personal FM systems for TV and music.***

We have installed the following devise(s) in our home: _____

Home based assistive technology we would like more information on include:

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The cost of assistive technology varies and many items are not covered by Early Intervention, however your IFSP team can assist you with accessing the most appropriate resources for your individual child and family.

5. Many families of children who are deaf and hard of hearing tell us that they are interested in meeting adults who are deaf and hard of hearing and other parents of children who are deaf and hard of hearing. *Some ways to do this is by contacting RIPIN's Deaf and Hard of Hearing Parent Group www.ripin.org, RI Commission on the Deaf and Hard of Hearing www.cdhh.ri.gov, www.handsandvoices.org, www.agbell.org, and www.deafchildren.org.*

Resources we have connected with include: _____

Opportunities we would like to know more about include: _____

6. A child's IFSP team can be made up of several professionals who work together to address family concerns and support them in reaching their goals. Each team will have a service coordinator. Then based on the family's goals, other professionals may be added. *Examples of other team members include teachers of the deaf or hard of hearing and sign language specialists.*

Specialist we would like to know more about include: _____

7. It is important for children who are deaf or hard of hearing to be evaluated by a pediatric audiologist on a regular basis. *Visits include monitoring of hearing sensitivity for possible progression of loss and being fit for amplification or refinement of amplification.*

Our child is currently being seen by: _____

We would like more information on pediatric audiologists in our area.

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8. There are many resources available for families of young children who are deaf and hard of hearing but sometimes hearing about them all at once is overwhelming. Below is a list of some local and nearby resources. Check off which ones you would like to know more about now. At your child's 6 month IFSP review, your EI Service Coordinator can review this list again so you can expand your resources at your own pace.

- A Family Guide for Families of Children with Hearing Loss*, from the RI Department of Health.
- RI Commission on the Deaf and Hard of Hearing <http://www.cdhh.ri.gov/>
- Northern RI Collaborative Auditory-Oral Program www.nric-ri.org
- RI School for the Deaf <http://www.rideaf.net/>
- Gallaudet Family Sign Language Program
<http://www.necc.mass.edu/gallaudet/programs/family-sign-language-program/>
- The Clarke School Auditory-Oral Program <http://clarkeschools.org/>

9. As your child approaches 27 months of age, your service coordinator will begin to talk with you about the process of transitioning out of Early Intervention. If your child is potentially eligible for special education preschool, you may want to talk about how your school district will address your child's individual needs. As you think of accommodations, modifications and services your child will need to fully participate in a preschool classroom, list them here so they can be discussed during the transition process.

List anything else you would like to know more about.

What are some of the items above that you would like to work on first?

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Glossary of Terms

American Sign Language (ASL): a visual/spatial language used by many deaf people in the United States and Canada. It is a complete language with its own grammar and composition.

Auditory/Oral Education: an approach based on the principle that most deaf and hard of hearing children can be taught to listen and speak with early intervention and consistent training to develop their hearing potential. The focus of this educational approach is to use the auditory channel (or hearing) to acquire speech and oral language. The goal is for these children to grow up to become independent, participating citizens in mainstream society. Also known as Oral Deaf Education.

Assistive Listening Device (ALD): devices, other than hearing aids, that improve listening for individuals with hearing loss. Some systems improve hearing in noisy situations by positioning the microphone closer to the sound source, or improve the quality of amplified speech or music. Includes FM systems, infrared systems, and induction loop systems.

Audiogram: a graphic representation of hearing loss, showing the amount of hearing loss (in decibels or dB) at different frequencies (250 - 8000 Hertz or Hz).

Bilateral Hearing Loss: a hearing loss in both ears.

Cochlea: also called the "inner ear." A snail-shaped structure that contains the sensory organ of hearing and changes sound vibrations to nerve impulses that are carried to the brain along the auditory nerve.

Cochlear Implant: a medical device that is surgically implanted and bypasses damaged inner ear structures and directly stimulates the auditory nerve, helping individuals who have severe to profound hearing loss to interpret sounds and speech.

Communication: The exchange of information with intent (can be verbal, nonverbal, gestural, primitive, or iconic).

Conductive Hearing Loss: a loss of sensitivity to sound, resulting from an abnormality or blockage of the outer ear or the middle ear. The most common cause of conductive hearing loss is middle ear fluid or infection. Other causes include wax buildup in the ear canal, a hole in the eardrum, or damage to the tiny bones of the middle ear.

Congenital Hearing Loss: a hearing loss that is present from birth and which may or may not be hereditary.

Deaf: a term used to describe persons who have a hearing loss greater than 90 dB HL. It also may be used to refer to those who consider themselves part of the Deaf community or culture and choose to communicate using American Sign Language instead of spoken communication.

Decibel (dB): the unit that measures the intensity of sound.

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Earmold: a custom-made mold, used with a behind-the-ear hearing aid, which delivers amplified sounds into the ear.

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

FM System: an assistive listening device that improves listening in noise. Signals are transmitted from a talker to the listener by FM radio waves.

Hair Cells: the hair-like structures in the inner ear that transform the mechanical energy of sound waves into nerve impulses.

Hard of Hearing: the term to describe those with mild to severe hearing loss.

Hearing Aid: an electronic device that brings amplified sound to the ear. A hearing aid usually consists of a microphone, amplifier, and receiver.

Language: a set of socially shared rules about what words mean and how to put them together to communicate ideas. Language includes the idea that words can have different meanings and that we can make new words by adding endings and pre-fixes.

Modality: The sensory channels (that is, vision, touch, or hearing, or a combination of these) through which the family will communicate.

Otolaryngologist: a physician/surgeon who specializes in diseases of the ear, nose, throat, head and neck.

Otologist: a physician/surgeon who specializes in the treatment of ear problems.

Part C of the Individuals with Disabilities Education Act (IDEA): Part C is the section of Public Law 105-17 (IDEA) that refers to early intervention services available to eligible children from birth to three years of age and their families

Residual Hearing: the amount of measurable, usable hearing.

Sensorineural Hearing Loss: a hearing loss caused by damage to the inner ear (cochlea) and/or the hearing nerve.

Teacher of the Deaf and Hard of Hearing: an educator who holds a degree in deaf education and is specially trained to work with deaf and hard of hearing children.

Glossary Sources: www.clarkschools.org, www.babyhearing.org, www.agbell.org



Other resources are available at the following link: <http://www.cdc.gov/ncbddd/hearingloss/index.html>. Families also might be interested in the *Decision Guide to Communication Choices for Parents of Children who are Deaf or Hard of Hearing*, available at the same site.