

EARLY INTERVENTION & **Communication Plan**



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Department of
Health



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Adjusting to Your Child's Hearing Loss

There is often an emotional impact when parents are told their child is diagnosed with a hearing loss. After receiving the news, some parents may experience feelings of surprise or shock, sadness or guilt, and wonder why their child has a hearing loss. No two parents will react to their child's diagnosis in the same way and there is no right or wrong way to feel. Some parents will experience grief outwardly as in crying, while others will keep their feelings inside. It doesn't matter whether your child's hearing loss is mild or severe, in one ear or in both, most parents feel the need to grieve.

As with any type of loss, life changing event, or outcome that is different from what you expected, grief can be a big part of how you feel and emotions such as denial, anger, bargaining, or depression can surface. These emotions, along with acceptance, make up the stages of the grief cycle that many parents work through as they adjust to their child's hearing loss. It's important for you to know that however you are feeling, it is okay.




Grief Process



The grief process can be thought of as a journey. You might find yourself traveling from one stage of grief to another and then back again to a stage you already visited. Everyone goes through the stages of grief differently. Not everyone goes through all the stages and some may find themselves stuck in one stage longer than in another stage. If you find yourself grieving, keep in mind that there is no time limit for grieving and there is no specific order to the stages. Many people do not experience the stages of grief in the order they are listed above. The goal is to understand the way you are feeling and put into context where you are now in the journey toward acceptance.

Let's look at the stages of grief and hopefully, it will help you gain a better understanding of why you feel the way that you do.



Denial and isolation are common defense mechanisms. This is typically the first stage or emotion to surface. It helps us deal with the initial shock, when we think “this isn’t really happening.” We become numb to our emotions. Denial is a temporary response that helps carry us through emotional pain. At this stage, you might think that the diagnosis is incorrect and that more testing is needed, perhaps by a different audiologist who will tell you that your baby’s hearing is fine.

Anger can occur as the masking effects of denial begin to wear off. It’s a normal reaction when life does not go according to plan. You might think, “Why my baby?” or “This isn’t fair.” You might blame someone else for the cause of your grief.

Bargaining is a stage you might return to several times. This is the “what if” stage. You might think of things you could have or should have done differently, maybe during pregnancy. This can bring on guilt. It’s natural to blame ourselves for things we don’t have answers for because we think if we did “this” or didn’t do “that”, we could have prevented the hearing loss. You might make deals in an attempt to change the diagnosis.

Depression is when we feel sadness and have trouble accepting the hearing loss. You might feel withdrawn or overwhelmed by even little things. This is one stage that many parents get stuck in for a very long time. One thing that can be very beneficial in overcoming the depression stage is to talk with other parents who have a child with a hearing loss. Other parents who have already gone through this stage of grief will understand what you are going through. They can offer words of wisdom and comfort as well as assurance that everything will be alright.

Acceptance is the stage when you start to relax and accept your child’s diagnosis of hearing loss. You begin to think that everything will be OK. You can move forward and deal with all the past emotions you have been feeling. Just know that you will continue to deal with emotions from time to time, and that’s OK. Feeling overwhelmed, especially when given something unexpected to deal with in life, is a common emotion. As parents, we want the very best for our children and not knowing much about hearing loss, hearing devices and communication options can leave us feeling helpless. Be assured that, as time goes on, you will learn a lot and be able to help your child learn.

Children with hearing loss can and will do many great things. They can do anything they set their minds to. They may need a little more support but that doesn’t mean they can’t be successful in whatever it is they set their minds to do to achieve their dreams.

Parents are a child’s first and most important teacher. Don’t be afraid to seek the help you need to be the best you can be at teaching your child. One day you will look back and see just how much you learned, too!

Brain Development and Hearing Loss

We hear with our brains, not our ears!

The ears are just a way for sound to get to the brain.

When a baby is diagnosed with a hearing loss, it is often referred to as a “neurodevelopmental emergency.” This is because during the first three years of life, and especially during the first year of life, a baby’s brain is growing and developing. This is considered the best time for auditory (hearing) connections to form in the brain. These connections help your baby make sense of sounds and learn what they mean.

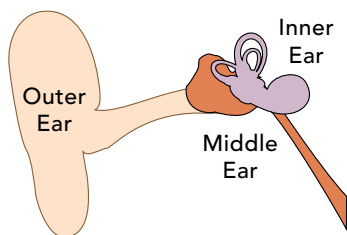
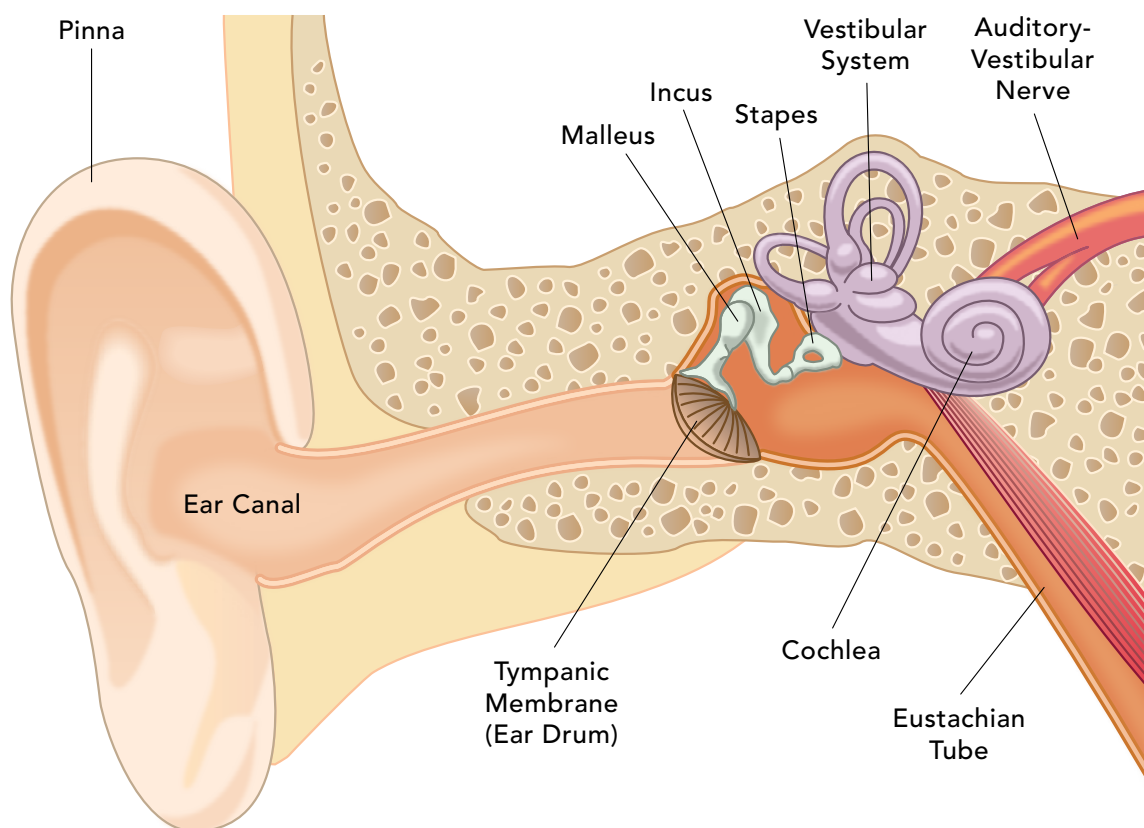
Your baby’s brain development is directly related to the development of communication skills. If your child begins to use a hearing device at an early age, your child will have opportunities to develop spoken language and listening skills. This includes the prompt fitting of a device as soon after diagnosis as possible and full-time exposure to meaningful sounds and listening experiences. That means your baby will wear a hearing device during all waking hours.

When a baby with hearing loss isn’t exposed to sounds and speech during the early years, the brain begins to reorganize and rewire itself. The visual center of the brain begins to grow and develop more than the hearing center of the brain. If vision takes over or becomes the more efficient processing system in the brain, your child may benefit more from a visual language, such as American Sign Language or cued speech, to communicate.

Families play a primary role in their child’s language development. It doesn’t matter what mode of communication you choose for your child, the most important factor is exposure to language, with family, as early in life as possible.



the EAR *diagram*



HOW WE HEAR

1. Sound enters the ear.
2. The ear drum vibrates.
3. The bones in the middle ear move.
4. The fluid inside the cochlea moves.
5. The hair cells inside the cochlea vibrate.
6. The auditory nerve is activated.
7. The message is sent to the brain.

Discussed in the CID online self-study course "Pediatric Audiology: The Basics"

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Parts of the Ear

The ear consists of three parts – the outer ear, the middle ear, and the inner ear. Each of these parts contain specific structures that work together to transmit sounds from the environment to the brain for processing.

Outer ear

- Pinna (the part we see).
- Ear canal.

Middle ear

- Eardrum or tympanic membrane.
- Three tiny bones (also called ossicles).
 - Malleus (hammer).
 - Incus (anvil).
 - Stapes (stirrup).
- Eustachian tube.

Inner ear

- Vestibular system (helps with balance).
- Cochlea (hearing organ).
- Auditory-vestibular nerve (hearing and balance nerves).

How We Hear

Sound is collected by the outer ear and travels through a narrow passage called the ear canal. At the end of the ear canal is the tympanic membrane, or eardrum. When sound reaches the eardrum, the eardrum begins to vibrate. This vibration causes the three little middle ear bones to vibrate, putting pressure on the opening of the cochlea. Since the cochlea is filled with fluid and tiny hair cells, this pressure causes the fluid to move, stimulating the hair cells. The movement of the cochlea hair cells sends a signal to the auditory nerve. The auditory nerve carries the signal to the brain, where it is turned into a sound we recognize and understand.

Types of Hearing Loss

The type of hearing loss your child has depends on where in the ear the decrease in hearing occurs.

A **conductive** loss indicates that there is a problem in the outer ear, the middle ear, or both. Medicine or surgery can sometimes repair the issue and improve hearing.

A **sensorineural** loss occurs when there are issues with the inner ear, including the cochlea and/or the auditory nerve. Medicine or surgery cannot improve hearing, so a hearing device such as a hearing aid or cochlear implant is typically recommended.

A **mixed** hearing loss occurs when there is damage to the outer ear and/or the middle ear as well as the inner ear.

Auditory neuropathy is a hearing disorder that occurs when the inner ear successfully detects sound, but a problem occurs when the sound is sent to the brain.

A hearing loss can be present in both ears (**bilateral hearing loss**) or in one ear (**unilateral hearing loss**).

Understanding Your Child's Hearing Loss

To get the best possible start in helping your child develop communication skills, you need to have a good understanding of your child's hearing loss.

The information provided below is designed to give you an idea of the impact hearing loss has in different listening situations. Regardless of the level of your child's hearing loss, early intervention services to help develop language and communication skills is recommended. Early intervention can minimize the possible impact of hearing loss on social-emotional development, language development, and cognition.

Hearing loss is typically described by audiologists in **decibels**, or **dB**. The decibel is a unit of measurement used to describe the loudness of a sound. The larger the decibel number, the louder a sound must be to be heard.

Slight hearing loss	(16 – 25 dB)	Your child may have difficulty hearing faint or distant speech, especially in the presence of background noise. Language development can be impacted.
Mild hearing loss	(26 – 40 dB)	Your child will be able to hear most conversations in a quiet place but will have trouble listening in noisy environments. Understanding soft speech, even without the presence of background noise, may be difficult. Language development can be impacted.
Moderate hearing loss	(41 – 55 dB)	Without a hearing device, your child will miss 50-100% of spoken conversation, especially in the presence of background noise. Speech, language, vocabulary, and comprehension are likely to be affected.
Moderately severe hearing loss	(56 – 70 dB)	Without a hearing device, your child can miss up to 100% of speech information. Speech, language, vocabulary, and comprehension are likely to be affected.
Severe hearing loss	(71 – 90 dB)	Speech can be heard with a hearing aid but may not be clear enough to understand conversation. Loud sounds close to the ear may be heard but your child will have difficulty hearing in all listening environments. Speech, language, vocabulary, and comprehension are significantly impacted.
Profound hearing loss	(91 dB and greater)	Your child may be aware of sounds as vibrations. Even with a hearing aid, your child may struggle to hear words clearly at close ranges. Speech, language, vocabulary, and comprehension are significantly impacted.

Hearing Test Results

Facility Name: _____

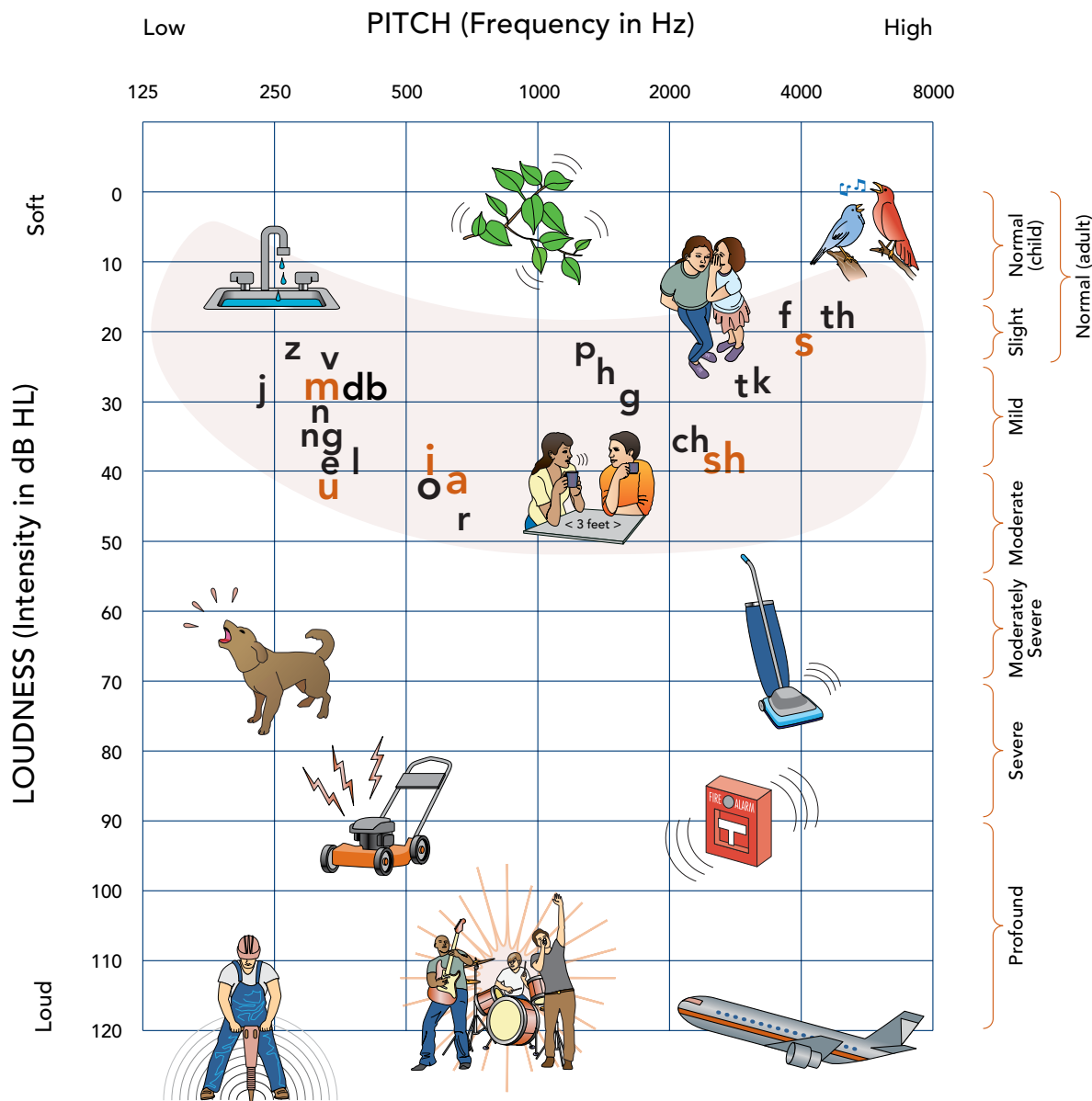
Audiologist Name: _____

Test Date: _____

Right Ear		Left Ear	
<input type="checkbox"/> Normal (0-15 dB HL)	<input type="checkbox"/> Conductive	<input type="checkbox"/> Normal (0-15 dB HL)	<input type="checkbox"/> Conductive
<input type="checkbox"/> Slight (16-25 dB HL)	<input type="checkbox"/> Sensorineural	<input type="checkbox"/> Slight (16-25 dB HL)	<input type="checkbox"/> Sensorineural
<input type="checkbox"/> Mild (26-40 dB HL)	<input type="checkbox"/> Mixed	<input type="checkbox"/> Mild (26-40 dB HL)	<input type="checkbox"/> Mixed
<input type="checkbox"/> Moderate (41-55 dB HL)	<input type="checkbox"/> Auditory neuropathy	<input type="checkbox"/> Moderate (41-55 dB HL)	<input type="checkbox"/> Auditory neuropathy
<input type="checkbox"/> Moderately severe (56-70 dB HL)	<input type="checkbox"/> Permanent	<input type="checkbox"/> Moderately severe (56-70 dB HL)	<input type="checkbox"/> Permanent
<input type="checkbox"/> Severe (71-90 dB HL)	<input type="checkbox"/> Transient	<input type="checkbox"/> Severe (71-90 dB HL)	<input type="checkbox"/> Transient
<input type="checkbox"/> Profound (91+ dB HL)	<input type="checkbox"/> Fluctuating	<input type="checkbox"/> Profound (91+ dB HL)	<input type="checkbox"/> Fluctuating
	<input type="checkbox"/> Undetermined		<input type="checkbox"/> Undetermined

Notes: _____

familiar sounds AUDIOGRAM



Adapted from Northern, J. and Downs, M. (2002).
Hearing in Children (5th ed.). Lippincott Williams and Wilkins, Baltimore, Maryland.

Discussed in the CID online self-study course "Pediatric Audiology: The Basics"

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How to Read Your Child’s Audiogram

An audiogram is a graph that shows the softest sounds your child can hear. The results of your child’s hearing test are placed on an audiogram. Using this information, the audiologist will help you understand what your child can and cannot hear. Your audiologist will also tell you whether your child’s hearing is the same in both ears (symmetrical) or different (asymmetrical).

Even though your audiologist will explain your child’s audiogram to you in great detail, it’s still important to learn how to read your child’s audiogram. The numbers going across the top of the audiogram represent frequencies, or pitches. This is measured in hertz (Hz). The low numbers, such as 250 Hz, sound deep, like a bass, whereas the higher numbers, such as 4000 Hz, sound like birds chirping or a flute. Think of a piano with the low pitches on the left side of the keyboard, the mid pitches in the middle, and the highest pitches on the right. This is the same way the audiogram is set up.

The numbers going down the side of the audiogram are call decibel (dB) levels. The decibel is a measure of loudness. As the numbers get bigger, the sound becomes louder. Louder sounds are toward the bottom of the graph while softer sounds are toward the top. The audiologist is interested in finding out how loud a sound must be for your child to hear it.

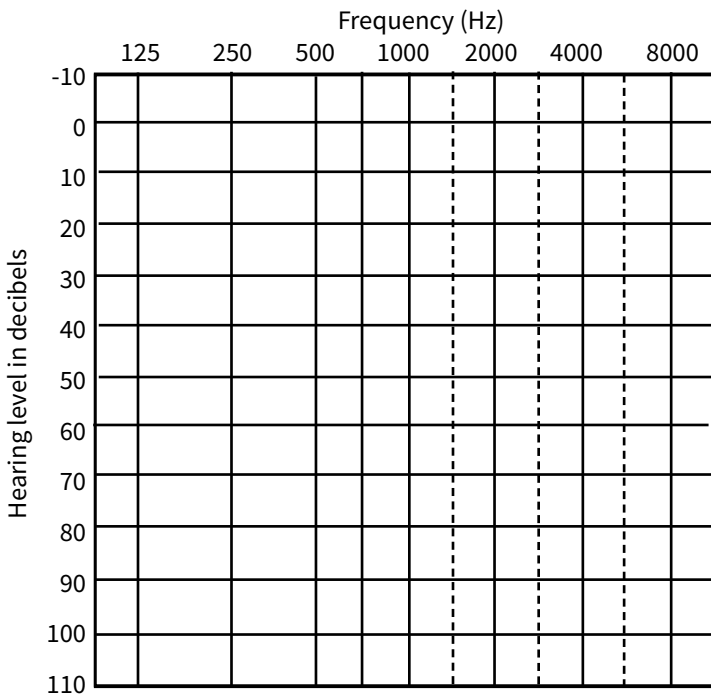
Audiologists use a special “key” when completing an audiogram.

Red O’s indicate hearing levels for the right ear and blue X’s indicate hearing levels for the left ear.

If your child was tested without headphones, you may see S’s written on the audiogram, meaning that your child’s responses were obtained in a soundfield setting with the sound going through speakers playing in the test booth. A’s placed on the audiogram mean your child was aided with a hearing device while being evaluated.

Familiar Sounds Audiogram (See diagram on page 10.)

The Familiar Sounds Audiogram shows both environmental and speech sounds at the frequencies and loudness levels in which they occur in real life. The “speech banana,” the highlighted area surrounding speech sounds, is a very useful tool for showing where the sounds used in everyday speech occur on an audiogram. When plotted, it takes the shape of a banana. Based on your child’s hearing loss, you can learn which sounds are easy for your child to hear and which are not.



Source: American National Standards Institute, 1989.

How Will My Child Communicate With Me?

Following the diagnosis of your child's hearing loss, you might begin to wonder how you will communicate with your child. Your decision will be based on several factors, including your child's degree of hearing loss, whether a hearing device, such as a hearing aid or a cochlear implant, is worn, and the needs of your family. Regardless of the communication methodology you select, it is important that everyone in the family learns to communicate with your child as soon as possible. Keep in mind, if one communication choice does not seem to work for your child, you can change to another communication method that benefits your child and family more.

What Are My Options?

There are several ways to communicate with your child. Some methods rely more on vision, such as sign language, while other methods use speaking and listening. Listed below are the most commonly used communication methods.

Auditory – Verbal (Listening and Spoken Language)

In this mode of communication, your child is taught listening and spoken language skills using hearing aids or cochlear implants. The focus is on listening first and developing spoken language through listening.

Auditory – Oral

In this approach, your child will be taught to listen and speak using hearing aids or cochlear implants. Your child is encouraged to watch the speaker to get visual cues. Lip-reading along with gestures, such as facial expressions, hand gestures, and body language, is used to aid your child's understanding of speech.

American Sign Language (ASL)

ASL is a complete language with its own system of grammar. It is a visual language. Signs are made by moving the hands combined with facial expressions and body posture. It is the primary language of the Deaf community living in North America.

Cued Speech

This mode of communication uses eight handshapes that represent consonant sounds and four hand placements that represent vowel sounds. The child uses spoken language, but the handshapes help them visually see any speech sound that they did not hear.

Picture Symbols/Pictures/Photographs

In this communication mode, picture cards, photographs, and symbols are used to express understanding, needs, and wants. The child often uses another language to understand what people are saying and then uses the pictures to help them respond back.

Total Communication

The goal of this mode is to teach vocabulary and language by using any and all types of communication methods needed to communicate. This can include sign language, natural gestures, speech reading, oral speech, and cued speech, along with the use of a hearing device.



Communication Tips for You and Your Child – Birth and Beyond.



It's important to continue communicating with your child regardless of the hearing loss diagnosis. A lot of what we communicate to others is expressed through nonverbal measures, such as facial cues and body language. Keep in mind that your child can learn to communicate with you even with a hearing loss. Here are some tips to get you started:

- Bond with your child through frequent touch, eye contact, talking, and singing.
- Soothe your child through movement, touch, talking, and sound.
- Respond to your child's looks, smiles, cries, and facial expressions.
- Position your child so objects you are talking about can be seen.
- Make sure your child can see your face when you are talking.
- Respond to your child's coos, babbles, and word approximations.
- Keep bright lights/sunlight away from your child's eyes so your child can see you better.
- Keep background noise to a minimum when playing with your child.
- Read with your child often – point to pictures and talk about them using simple sentences.
- Comment on what your child is doing during playtime.
- Repeat the same words and signs often so your child learns the meaning through repetition.
- Be a language role model for your child!

Early Intervention

Early intervention is a term used to describe the services and supports available to families with infants and toddlers, birth to age 3, who have a developmental delay, including hearing loss. This program is often referred to as “Part C” services and is part of the Individuals with Disabilities Education Act (IDEA). IDEA is a law passed to ensure eligible children with disabilities from birth to 21 years of age receive a free, appropriate public education.

Since parents are a child’s first and best teacher, early intervention services will help you identify what your child needs help with. In this way, you can help your child learn. Children learn best in everyday environments. This could be your home or a park. Everyday environments are often referred to as natural learning environments because this is where your child lives, learns, and plays under ordinary circumstances. For young children with disabilities, reassuring surroundings are an essential part of their early intervention services.

The statewide system for early intervention is housed in the Ohio Department of Developmental Disabilities (DODD). There are early intervention programs in every county in Ohio. Anyone can make a referral for services and a physician referral is not needed.

Referral by calling:
1-800-755-4769

Refer online:
<https://odhgateway.odh.ohio.gov/ochids/public/refer>

Once a referral is sent to your county’s program, you will be contacted by phone and the early intervention program will be explained to you. If you want to proceed with services, your permission is needed. A child diagnosed with hearing loss is eligible for early intervention. With your consent, an assessment will be conducted to identify your child’s strengths and weaknesses and your family’s priorities and needed areas of support.

A **service coordinator** is the person who manages the early intervention services you and your child receive. Your service coordinator will be with you every step of the way and help you develop a written document that outlines the goals you and your family want to work on during early intervention sessions. This is called an IFSP or **Individualized Family Service Plan**. Additionally, the IFSP includes how you and your child will receive those services, such as in person or by teletherapy, as well as how many times per month services will be received and the length of each session. Your child’s progress will be monitored over time so updates to the IFSP can be made as your family’s needs change. IFSP’s are updated every six months, or sooner if you see the need to make a change. For more information about IFSPs, see page 15, Tips for Writing Your Child’s Individualized Family Service Plan.

A **service provider** is the person who will meet with you to demonstrate techniques and provide ideas and activities so you can help your child learn new skills. Infants and toddlers with hearing loss and their families are eligible to receive specialized services provided by **hearing service providers**. Hearing service providers are specially trained to address issues related to childhood hearing loss by exploring communication options, helping families learn how to set up a good listening environment in their home, helping children use their listening devices on a consistent basis, and working with families on communication and auditory specific strategies. Hearing service providers are available to assist you every step of the way: during the assessment, IFSP meetings, and early intervention services.

No matter the type or degree of hearing loss, many parents find early intervention to be very beneficial in helping them help their child learn new skills. Early intervention provides the necessary supports and resources your family needs to help your child learn language, develop spoken and/or visual communication, and achieve age-appropriate development.

Early intervention will give both you and your child the tools to take those first steps.

Tips for Writing Your Child's Individualized Family Service Plan (IFSP)

An IFSP is a written early intervention plan for infants and toddlers, birth to age 3, with hearing loss and/or other disabilities and delays. It is reviewed and updated to meet the needs of your child and family every six months, or sooner if changes are needed.

Your first IFSP meeting should be scheduled within 45 days of your referral to early intervention services. Family members and friends are welcome to attend IFSP meetings with you.

There are several ways you can prepare for your child's IFSP meeting:

- ☐ Bring a calendar, as well as a notebook or binder, so you can schedule future meetings, write notes, and keep important papers in one place.
- ☐ Be prepared to discuss your child's strengths and weaknesses.
- ☐ List concerns about your child's development and communication abilities.
- ☐ Consider both short-term and long-term goals for your child.
- ☐ Write down questions you want answered.
- ☐ Learn about your child's hearing loss and communication options.

An IFSP is written by parents and team members during the meeting:

- ☐ Make your requests for services known and put them in writing so they are documented. If they are not written, team members might not remember what was said.
- ☐ If there is something you don't understand, ask for clarification.
- ☐ Take notes at the meeting. Write the date and time of the meeting on the notes page.
- ☐ Ask for copies of any papers team members have but you do not so you can add them to your notebook.
- ☐ Know your rights and legal procedures. This should be addressed during the meeting.
- ☐ Don't feel pressured to make any decisions if you are not ready to do so.

Part C services may include and are not limited to:

- ☐ Family support – counseling, training and education.
- ☐ Information about communication options for you and your child.
- ☐ Speech and language services.
- ☐ Physical therapy.
- ☐ Occupational therapy.
- ☐ Vision and hearing services.

Parent Action Items

- ☐ Be sure to give all hearing test results to your baby's doctor.
- ☐ Schedule the following appointments as needed:
 - ☐ Ear, nose, and throat (ENT) evaluation.
 - ☐ Pediatric ophthalmologist evaluation.
 - ☐ Genetic consultation.
 - ☐ Cardiologist, developmental pediatrician, nephrologist, neurologist, and neurotologist.

Cardiologist — a doctor skilled in the diagnosis and treatment of heart disease.

Developmental pediatrician — sometimes referred to as a developmental-behavioral pediatrician, a doctor who focuses on the overall development of a child from birth to adolescence.

Nephrologist — a doctor who specializes in treating diseases of the kidney.

Neurologist — a doctor who specializes in treating diseases of the nervous system.
The nervous system is made of two parts: the brain and the spinal cord.

Neurotologist — a doctor who specializes in the treatment of inner ear conditions, or hearing and balance disorders.

- ☐ Enroll in early intervention (EI) services.
- ☐ Begin to plan your Individualized Family Service Plan (IFSP).
- ☐ Learn about hearing loss and communication options.
- ☐ Develop a communication plan.



Developing a Communication Plan

Communication is the back and forth sharing of ideas, thoughts, and feelings with another. Language is used to share this information. It is important that you and your family decide on an effective way to communicate with your child. Keep in mind that, whichever approach you decide on, it should work for the entire family. If you choose an approach and find that it doesn't work, you can always change and try another approach. You can choose a single communication approach or multiple approaches.

Follow the steps below to help find a communication approach that works for you, your family, and your child.

Step One: Starting Point

1) What language is currently used in the home? (Check all that apply.)

- ☐ Spoken (English, Spanish, etc.).
- ☐ Visual (sign).
- ☐ Combination (spoken and visual).

2) How do you currently communicate with your child?

(Check all that apply.)

- ☐ American Sign Language (ASL).
- ☐ Listening and spoken language.
- ☐ Gestures.
- ☐ Sign system other than ASL: _____
- ☐ Cued speech/Cued English.
- ☐ Picture symbols/pictures/photographs.
- ☐ Touch cues.

Step Two: Exploring Communication Options

1) Which communication options do you have information about?

(Check all that apply.)

- ☐ American Sign Language (ASL).
- ☐ Listening and spoken language.
- ☐ Gestures.
- ☐ Sign system other than ASL: _____
- ☐ Cued speech/Cued English.
- ☐ Picture symbols/pictures/photographs.
- ☐ Touch cues.

2) Which communication methods do you want more information about?

(Check all that apply.)

- ☐ American Sign Language (ASL).
- ☐ Listening and spoken language.
- ☐ Gestures.
- ☐ Sign system other than ASL: _____
- ☐ Cued speech/Cued English.
- ☐ Picture symbols/pictures/photographs.
- ☐ Touch cues.

3) Are you thinking about using certain communication methods with your child?

(Check all that apply.)

- ☐ American Sign Language (ASL).
- ☐ Listening and spoken language.
- ☐ Gestures.
- ☐ Sign system other than ASL: _____
- ☐ Cued speech/Cued English.
- ☐ Picture symbols/pictures/photographs.
- ☐ Touch cues.

Step Three: Decision Making

1) Do you have family members and others who will support your decision?

- a. Yes
- b. No

2) Are you making your decision without pressure from others?

- a. Yes
- b. No

3) Do you have all the information you need to decide?

- a. Yes
- b. No

4) If you need more information, do you know who to ask or how to get it?

- a. Yes
- b. No

If “NO” is selected for any of the above questions, ask your audiologist, early intervention provider, IFSP team, or a trusted person for additional information and resources.

Step Four: Gaining Access to the Communication Method

- 1) Are you able to learn the communication method so you can teach your child?
 - a. Yes
 - b. No
- 2) Do you need information about how you can learn the communication method you have chosen, such as available apps, on-line distance learning, websites, etc.?
 - a. Yes
 - b. No
- 3) Do you know who to ask for help to learn the communication method?
 - a. Yes
 - b. No

If “NO” is selected for any of the above questions, ask your audiologist, early intervention provider, IFSP team, or a trusted person for additional information and resources.

Step Five: Trying the Communication Method With Your Child

- 1) Have you had opportunities to try the method?
 - a. Yes
 - b. No
- 2) If yes, what are the advantages and disadvantages of using this method?

Advantages	Disadvantages

- 3) If no, what limitations are holding you back?

Limitations

If the advantages are greater than the disadvantages and limitations, continue to use the communication mode but remember, you can always switch to a different method.

If there are more disadvantages and limitations to using the method, return to Step 2 and learn about other communication options that might work better for your family.

Word List

A

Asymmetrical Hearing Loss: The type and degree of hearing loss in each ear is different from one another.

Audiogram: A graph on which the ability to hear sounds of different pitches (frequencies) at different loudness levels (intensities) is recorded.

Audiologist: A healthcare professional who holds a degree in audiology and is a specialist in testing hearing and providing rehabilitation services to those with hearing loss.

B

Bilateral Hearing Loss: A hearing loss that is present in both ears.

C

Conductive Hearing Loss: A type of hearing loss caused by a problem in the outer ear, middle ear, or both.

Congenital Hearing Loss: A hearing loss that is present at birth.

Cued Speech: A visual system of communication. Handshapes and hand placements, in combination with mouth movements, help children with hearing loss differentiate between sounds that look the same when spoken.

D

Deaf: A term used to describe hearing loss in the severe to profound range. When the word “Deaf” is spelled with a capital letter “D,” it can refer to the cultural heritage and community of deaf individuals who communicate primarily using sign language.

Deaf Mentor: An adult with hearing loss who provides resources and information about being deaf or hard-of-hearing to families of children with hearing loss.

Developmental Specialist: A professional who is specially trained in early childhood development including communication, language, motor and thinking skills.

Decibel (dB): A unit of measurement that indicates the loudness level of a sound. The larger the dB, the louder the sound.

Degree of Hearing Loss: The severity of a hearing loss generally described as mild, moderate, severe or profound.

E

Ear Mold: A custom-made plastic or vinyl piece that fits in the ear and connects to the hearing aid.

Early Intervention (EI): A statewide system that supports parents and caregivers in their efforts to enhance the development of eligible children under the age of 3 with developmental delays and disabilities.

Ear, Nose, and Throat Physician (ENT): Also called an otorhinolaryngologist, is a doctor who specializes in diseases of the ear including hearing loss.

Expressive Language: The use of language (gestures, words, sentences) to convey messages about thoughts, wants and needs.

F

Family Mentor: A parent of a child with hearing loss who can provide information, resources, and emotional support to you and your family.

Fluctuating Hearing Loss: A hearing loss that changes over time because of otitis media or fluid in the middle ear.

Frequency: The pitch of a sound (high like a flute or low like a bass). It is expressed in hertz (Hz), which is the number of vibrations per second.

G

Geneticist: A professional who diagnoses and counsels families of children with medical problems or birth defects. A geneticist may be able to identify the reason for your child's hearing loss.

H

Hard of Hearing: Children and adults that use residual hearing to access spoken language.

Hearing Aid: A small electronic device that is worn in or behind the ear to make sounds louder.

Hearing Device: An electronic device used to increase access to sound; devices include hearing aids, cochlear implants, bone anchored aids, and FM systems.

Hearing Loss: A partial or total inability to hear speech and other sounds.

Hearing Service Provider: A member of the IFSP team who is specially trained to address issues related to childhood hearing loss.

Hearing Test (also referred to as Audiological Assessment or Diagnostic Evaluation): A comprehensive test that measures the quietest sounds a person can hear across the speech range.

I

Individualized Family Service Plan (IFSP): A written plan for infants and toddlers that identifies the supports and services necessary to help a family meet the developmental needs of their infant or toddler with a disability.

Individualized Family Service Plan (IFSP) Team: A group of people who work together to write and achieve the goals listed on your child's IFSP. Team members include parents, service coordinators, service providers, developmental specialists, and any other support person the family requests to be a part of the team.

M

Mixed Hearing Loss: A hearing loss that has a combination of characteristics associated with both a conductive and a sensorineural hearing loss.

N

Natural Environments: Places where you and your child do everyday activities including your home or a park. Early intervention services are provided in natural environments.

O

Ophthalmologist (Eye Doctor): A doctor who specializes in eye and vision care, including diseases of the eye and the treatment of disorders.

P

Pediatric Audiologist: An audiologist who specializes in testing the hearing of babies and children.

Pediatrician: A physician who specializes in working with infants, toddlers, and children.

Prelingual Hearing Loss: A hearing loss that occurs before a child learned to use and understand language.

Postlingual Hearing Loss: A hearing loss that occurs after a child has learned some language.

Progressive Hearing Loss: A hearing loss that becomes more severe over time.

R

Receptive Language: The ability to understand gestures, words, and sentences.

Residual Hearing: The amount of usable hearing that a deaf or hard-of-hearing person has.

S

Sensorineural Hearing Loss: A type of loss caused by damage to the cochlea of the inner ear, the auditory nerve, or both. The hearing loss is permanent and cannot be treated with medication or surgery.

Service Coordinator: A member of the IFSP team that coordinates the early intervention services that the family and child receive.

Service Provider: A member of the IFSP team that works with and supports the family members and caregivers in a child's life.

Symmetrical Hearing Loss: The type and degree of hearing loss is the same in both ears.

T

Touch Cues: Signals placed on the child's body to give a specific message. The purpose of touch cues is to give the child who is deaf-blind a way of understanding about activities, people, and places.

U

Unilateral Hearing Loss: A hearing loss in only one ear.

Important Contacts

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