

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)



COLORADO
HANDS &
VOICES™

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TABLE OF CONTENTS

INTRODUCTION TO THIS GUIDE	1
GETTING STARTED	2
"YOUR CHILD HAS A HEARING LOSS"	2
WHO CAN HELP?	3
AUDIOLOGIST	3
COLORADO HEARING RESOURCE (CO-HEAR) COORDINATOR	3
EARLY INTERVENTION SPECIALIST OF DEAF/HARD OF HEARING INFANTS & TODDLERS	3
PEDIATRICIAN/FAMILY PRACTITIONER/MEDICAL HOME	4
OTOLOGIST, OTOLARYNGOLOGIST OR EAR, NOSE, THROAT (ENT) PHYSICIAN	4
OTHER PARENTS OF DEAF OR HARD OF HEARING CHILDREN	5
HANDS & VOICES GUIDE BY YOUR SIDE	5
DEAF AND HARD OF HEARING ADULTS	5
COMMUNICATION CHOICES	6
FACTORS TO CONSIDER	6
COMMUNICATION CHOICES - DEFINITIONS	7
AMERICAN SIGN LANGUAGE (ASL)	7
AUDITORY-ORAL (AO)	7
AUDITORY-VERBAL (AV)	7
CUED SPEECH	7
SIMULTANEOUS COMMUNICATION	7
TOTAL COMMUNICATION (TC):	7
COMMUNICATION CHOICES: FREQUENTLY ASKED QUESTIONS	8
QUESTIONS ABOUT AMPLIFICATION FOR CHILDREN	9
WHEN SHOULD MY CHILD GET A HEARING AID?	9
WHAT IS A HEARING AID?	9
WHO DECIDES WHICH HEARING AID IS BEST?	9
WHAT STYLES OF HEARING AIDS ARE AVAILABLE FOR CHILDREN?	9
HOW DOES A HEARING AID WORK?	9
WHAT OTHER TYPES OF HEARING AIDS MIGHT BE NECESSARY?	10
WHAT OTHER CONSIDERATIONS/DEVICES ARE AVAILABLE?	11
WHAT IS A COCHLEAR IMPLANT?	12
WHERE CAN I FIND MORE INFO ABOUT COCHLEAR IMPLANTS?	12
OTHER QUESTIONS YOU MIGHT WANT TO ASK AN AUDIOLOGIST:	13
DESCRIPTION OF DEGREE OF HEARING LOSS VS. POTENTIAL EFFECTS	14
THE EAR	15
AUDIOGRAM OF FAMILIAR SOUNDS	16
FUNDING SOURCES FOR EARLY INTERVENTION	17
ADDITIONAL FUNDING RESOURCES	18

HEARING AID COVERAGE FOR CHILDREN, SENATE BILL 57	18
THE FUNDING TOOL KIT	18
THE FAMILY ASSESSMENT	19
HOW THE FAMILY ASSESSMENT WORKS:.....	19
QUESTIONS AND ANSWERS.....	19
WHAT ONE FAMILY HAS TO SAY ABOUT THE ASSESSMENTS:.....	20
FAMILY RESOURCES	21
CO-HEAR REGIONAL COORDINATORS:	21
ADVISORS AND CONSULTANTS.....	22
HEALTH CARE PROGRAM FOR CHILDREN WITH SPECIAL NEEDS (HCP) AUDIOLOGY REGIONAL COORDINATORS	23
TRANSITION TO PRESCHOOL	28
DEAF CHILD BILL OF RIGHTS	29
IEP COMMUNICATION PLAN	30
GUIDELINES FOR USE.....	30
COMMUNICATION PLAN	31
IEP/504 CHECKLIST	33
FREQUENTLY ASKED QUESTIONS	34
COMMUNICATION PLANS FOR DEAF & HARD OF HEARING STUDENTS	34
PARENTING THE CHILD WHO IS DEAF OR HARD OF HEARING	36
THE O.U.R. CHILDREN’S SAFETY PROJECT	38
RESOURCES THAT CAN HELP!	38
STATE RESOURCES:	39
ORGANIZATIONS/AGENCIES.....	39
PROGRAMS/ SERVICE PROVIDERS/ EDUCATIONAL FACILITIES*	42
FUNDING SOURCES FOR CHILDREN	46
LIST OF PRIVATE FUNDING SOURCES.....	46
CAN WE APPLY TO MORE THAN ONE ORGANIZATION?	49
OUTSIDE THE BOX IDEAS: WHERE DO YOU SHOP?	49
RAISING YOUR OWN FUNDS	49
NATIONAL RESOURCES	50
RECOMMENDED “STARTING OUT” WEBSITES.....	54
ADDITIONAL WEBSITES NOT LISTED ABOVE.....	54
SERVICE CLUBS THAT MAY SUPPORT PROGRAMS FOR SPEECH & HEARING ..	55
BOOKS	56
VIDEOS	58
TERMS AND DEFINITIONS	60

Resource Worksheet

As you review this guide 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.
- 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 is very important to see this all as a work in progress. Don't be afraid to remain open to new ideas, and even change your approach if necessary. And remember, research clearly shows that a communication choice should not be solely based on the degree of hearing loss.

For families of babies newly identified with hearing loss, some important first steps are follow up care, understanding communication/early intervention choices, and connecting to other families like yours for information and support. The Roadmap for Families, Loss and Found video, and Book of Choice are other great starting out resources outlining important first steps.

Roadmap for Families: a checklist for parents to use when their babies are identified with a hearing loss as well as a list of valuable resources and local contacts that families need; <http://cohandsandvoices.org/rmap/roadmap/>

Loss and Found: a video explaining what to do if your baby didn't pass the newborn hearing screening; <http://handsandvoices.org/resources/video/index.htm>

The Book of Choice: parents of children who are deaf or hard of hearing sharing stories and information; <http://handsandvoices.org/resources/products.htm#boc>

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

(A program of the Colorado School for the Deaf and the Blind) (More info page 21)

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 below)

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.cohandsandvoices.org, click on the Guide by Your Side link 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 response to changing environments. You may find you are considering and/or using a variety of choices as time goes on!

For additional resources on communication considerations, check out:

The Hands & Voices Communication Considerations A-Z at:
<http://www.handsandvoices.org/comcon>

And the CDC Decision Guide to Communication Choices at:
<http://www.cdc.gov/ncbddd/hearingloss/freematerials.html>

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. May include: Natural Gestures, Listening, Speech (Lip) Reading, Speech

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 the www.handsandvoices.org website.

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 digital 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.

Digital Signal Processing: Modern hearing aids use digital circuitry; these circuits use an internal microprocessor to convert the sound to numbers according to a mathematical formula called an algorithm. The algorithm is sensitive

to changes in speech and environmental noises. Additionally, hearing aids have numerous amplifier channels. This advanced processing technology allows the hearing aid to be programmed with the specific amount of amplification needed for the different frequencies. Hearing aids are able to have several programs for different listening environments. They are able to switch automatically to accommodate for changes in background noise, making soft sounds more accessible and loud sounds more comfortable.

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

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

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

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

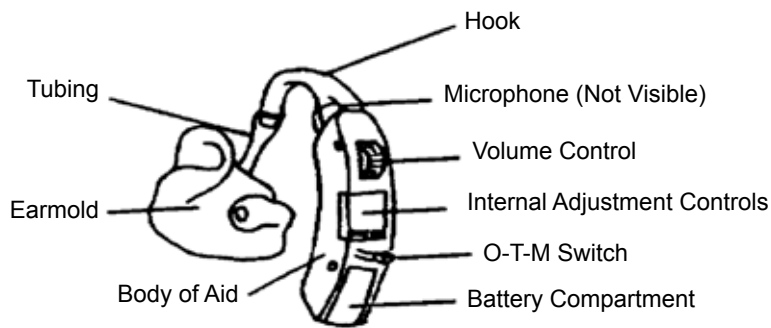
Microphone: Collects sound for amplification through a small opening in the hearing aid case.

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 OTHER TYPES OF HEARING AIDS MIGHT BE NECESSARY?

Bone Anchored Hearing Aids (BAHA): Some children with conductive hearing loss, and/or malformed or missing outer ears (Microtia/Atresia)* may also choose to use a bone anchored hearing aid (BAHA). The BAHA is available in a soft band/headband for younger children and is available with a surgically implanted abutment for children at least 5 years of age.

***For more information about Microtia/Atresia, please contact one of Hands & Voices Statewide Unilateral Parent Guides at <http://cohandsandvoices.org/gbys/statewide.htm>**

Tactile Aids: A type of hearing instrument that produces 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.

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.

WHAT OTHER CONSIDERATIONS/DEVICES ARE AVAILABLE?

There are other devices and resources you may find helpful for your child now or in the future. You may want to discuss these options with your audiologist:

Cochlear Implant: (CI) 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 "rehabilitation". 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 qualified candidate adults and children starting at age 12 months. (see next page)

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. (The FDA requires all analogue and digital televisions have built in closed captioning capability as of 1997).

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

Sound Field System: Hearing assistance technology that disperses the speaker's voice to the audience, usually a classroom. The system includes a microphone worn by the speaker and strategically placed speakers. These systems are beneficial to all listeners.



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

Telecommunication Devices for the Deaf (TDD'S): Originally and often still called TTY's, these electronic devices allow deaf and hard of hearing persons to communicate via a text telephone system. This term appears in ADA regulations and legislation

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.

WHAT IS A COCHLEAR IMPLANT?

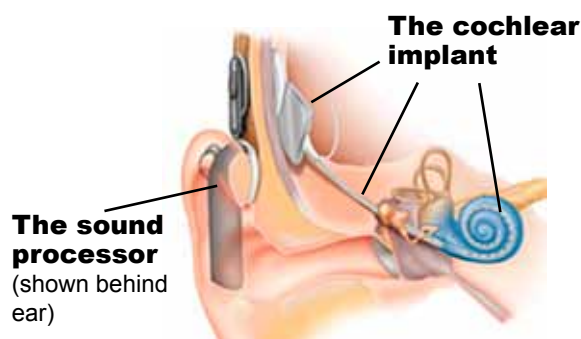
The cochlear implant is an electronic device surgically implanted in the cochlea of the inner ear. The cochlear implant's electronic array transmits auditory information from the cochlea via the auditory nerve to the brain; by-passing the inner ear. By completely by-passing the damaged part of the cochlea, the cochlear implant uses its own electrical signals to stimulate the auditory nerve, allowing the person to perceive sounds. Candidates for a cochlear implant, or CI, typically have severe to profound hearing loss and do not benefit much from hearing aids. The use of bilateral implants is increasing due to the benefits of binaural hearing or hearing with both ears. 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. The wearer requires training, called auditory habilitation or rehabilitation, to attach meaning to sounds. Successful CI users gain useful hearing and improved communication abilities. Despite progress in technology, it is important to note that cochlear implants are not a "cure" for hearing loss, and like any surgical procedure, cochlear implant surgery is not without risk.



Family decisions surrounding cochlear implantation can be difficult. There is much to consider and the amount of information available can be overwhelming. Connecting with other families is often helpful in this process. Internet resources are informative, but be careful to ensure sites are reliable and factual. Online communities of parents and CI users can be rich in experience and support. There are three primary CI manufacturers available in the US (websites listed below along with other helpful sites and articles) which are important sources of specific information regarding their devices, although be aware these sites also serve to market devices.

The cochlear implant has two basic pieces:

- The Processor – This piece is outside the body. It picks up sounds, processes them, and sends signals to the Cochlear Implant
- The Implant – This piece is placed behind the ear, under the skin, during surgery. It receives signals and sends them to the hearing nerves, skipping over any non-working parts in the middle and inner ear.



WHERE CAN I FIND MORE INFO ABOUT COCHLEAR IMPLANTS?

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

- NIDCD (National Institute on Deafness and Other Communicative Disorders)
<http://www.nidcd.nih.gov/health/hearing/coch.asp>
- Things to consider when selecting a cochlear implant center:
<http://agbell.org/NetCommunity/Page.aspx?pid=725>
- Cochlear implant repair and warranty information:
http://www.handsandvoices.org/articles/tech/V13_4-warranty.htm
- Book of Choice article:
<http://www.handsandvoices.org/comcon/articles/cochlearimplants.htm>

Information about meningitis risks and the recommended vaccine schedule for children with cochlear implants:

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

CI Manufacturers:

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

- Cochlear Corporation: <http://www.cochlearamericas.com>
- Advanced Bionics: <http://www.advancedbionics.com>
- MED-EL: <http://www.medel.com/us>

Sampling of Family Stories:

- http://www.handsandvoices.org/articles/fam_perspectives/V9-3_Maddie.htm
- <http://www.cohandsandvoices.org/gbys/stories/LThomas.html>
- <http://www.cohandsandvoices.org/gbys/stories/julMcIsk.html>
- <http://www.cohandsandvoices.org/gbys/stories/richter.htm>
- Enter “**cochlear implant**” in the search box at www.handsandvoices.org for more or contact your **Regional Parent Guide** at www.cohandsandvoices.org

Online community of parents of children with cochlear implants:

- <http://www.cicircle.org>
- www.hearingexchange.com
- www.listen-up.org/ci/ci-support.htm
- All manufacturer's have their own consumer and parent online support communities.

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 copy of the hearing test results?
- How much do hearing aids or a cochlear implant 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/cochlear implant?
- 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)

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 20-40 dB HL May have difficulty hearing faint or distant speech. A child with mild loss may miss up to 10% of speech signal when speaker is at a distance greater than three feet, or if the environment is noisy. Likely to experience some difficulty in communication & education settings. Consider need for hearing aid and intervention.

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

MODERATELY/SEVERE 60-70 dB HL Conversation must be very loud to be heard without amplification. A 55dB loss can mean 100% of the speech signal missed. May have difficulty in settings requiring verbal communication, especially in large groups. Delays in spoken language & reduced speech intelligibility expected without intervention & amplification.

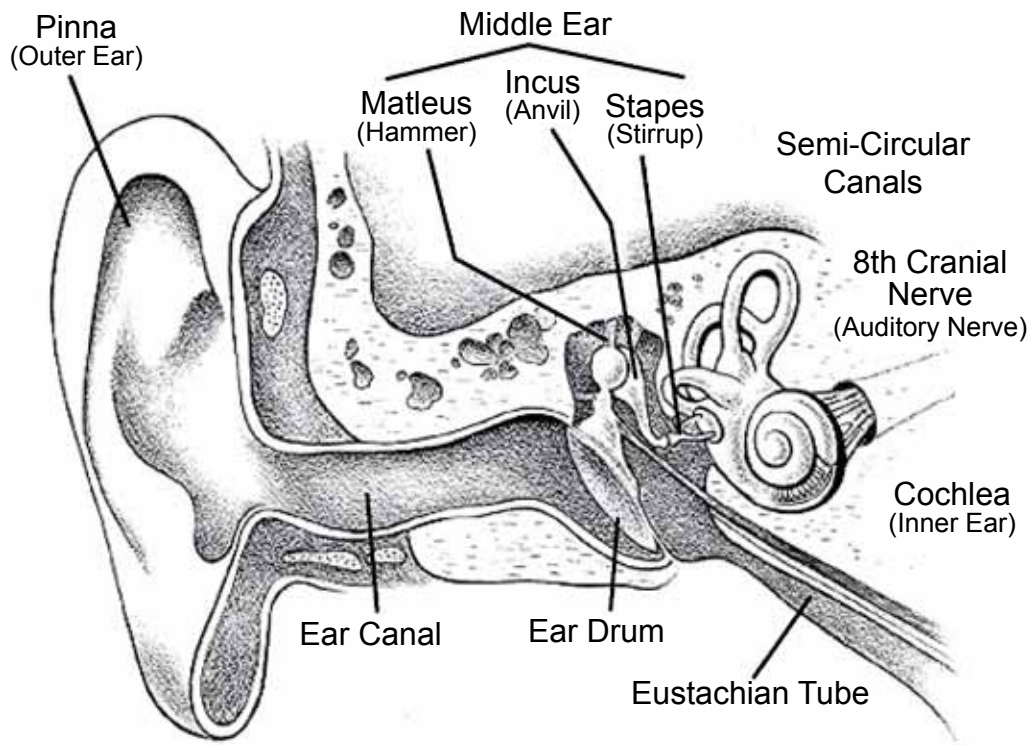
SEVERE 75-90 dB HL If loss is pre-lingual, spoken language & speech may not develop spontaneously, or could be severely delayed unless modifications & interventions are taken. With optimal amplification, should be able to detect all the sounds of speech and identify environmental sounds. Without amplification, is aware of loud voices about one foot from the ear and likely to rely on vision for communication.

PROFOUND >90 dB HL 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.

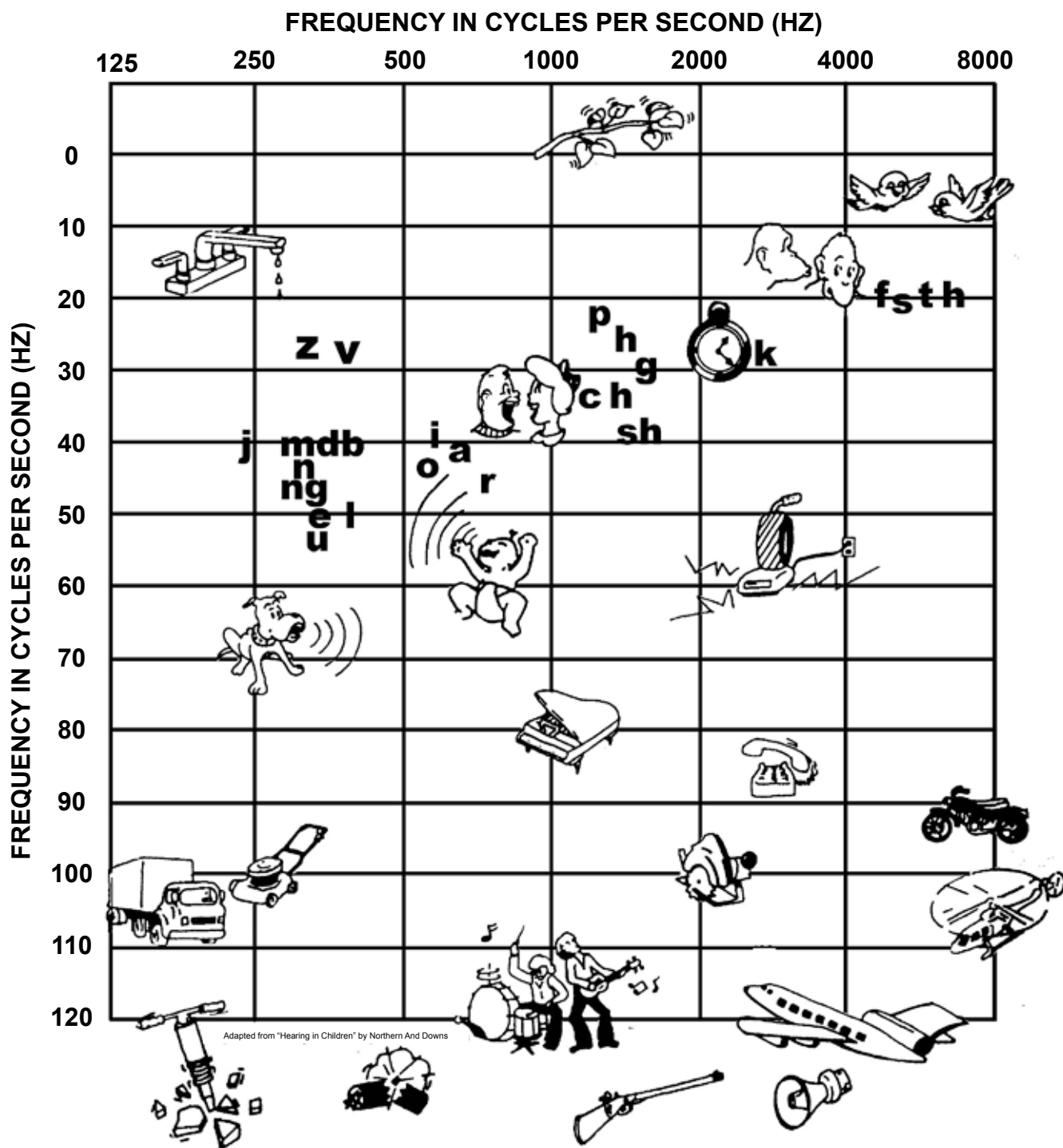
UNILATERAL HEARING LOSS Until recently, children with unilateral hearing loss did not have their hearing loss detected until they were in school. Now, with the advent of newborn hearing screening, we are detecting the presence of a unilateral, hearing loss during the first year of life. A review of the 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 SPECTRUM DISORDER (ANSD) (also sometimes known as Auditory Dysynchrony) Auditory neuropathy spectrum disorder 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 ANSD is not known, but the condition affects a relatively small percentage of people who are deaf or hard of hearing. People with ANSD 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 ANSD 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 Funding for intervention by other specialist (Supplemental) funding for assistive technology Parent support (non-categorical) Case management (Service Coordination)	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)
Service Organizations	(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

HEARING AID COVERAGE FOR CHILDREN, SENATE BILL 57

The Hearing Aids for Children Senate Bill 57 was passed, taking effect when insurance renewed in calendar year 2009. This law mandates that private insurance companies cover hearing aids, fitting, and earmolds subject to a plan's deductible and copays when regulated by the Colorado Division of insurance. Medicaid and CHP Plus already covered hearing aids. For more information on the bill, what is covered, and frequently asked questions, visit the Funding Toolkit online at www.cohandsandvoices.org.

THE FUNDING TOOL KIT

The Funding Tool Kit takes parents step by step through funding issues for children needing equipment or other services. This document is too large to include in this Resource Guide, however it can be downloaded on our web site at: <http://www.cohandsandvoices.org/resources/parentfundingtoolkit.html>

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 46) including HELPFUL HINTS WHEN APPLYING TO A PRIVATE FUNDING;
- Other HEARING AID FUNDING FOR COLORADO CHILDREN, the Hearing Aid Bill for Children, and who it covers (and what to do if your insurance plan is not covered by the mandate), CHILDREN WHO ARE ELIGIBLE FOR MEDICAID, or CHILD HEALTH PLAN PLUS (CHP+);
- 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 new insurance carrier did not pay for hearing aids. For two years in a row, we had to secure funding for new digital hearing aids.

Many applications ask for the same information and need the same documentation. Yes, it took some time, and funding can be confusing when it comes in small amounts from different organizations, but we did receive help. It was well worth the effort. The second time around was easier 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.”

See a listing of funding resources for all ages, birth - 21 on page 46

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 and 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 contact info for all coordinators is listed on the 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.

(Please note the following contact information is subject to change. If you cannot reach your area Coordinator, please contact Program Coordinator, Dinah Beams, MA, CED, at 720-413-7567 or dbeams@csdb.org)

County Assignments

Name and Address	Telephone Numbers	Counties Covered	
Dinah Beams PO Box 150446 Denver, CO 80215-0446	W: 720-413-7567 F: 303-237-1056 dbeams@csdb.org	Clear Creek Gilpin	Jefferson Summit
Denise Davis-Pedrie 33 N. Institute St. Colorado Springs, CO 80903	W: 719-641-5138 W: 719-578-2186 dpedrie@csdb.org	Baca Bent Chaffee Cheyenne Crowley Custer Elbert El Paso Fremont Huerfano	Kiowa Kit Carson Las Animas Lincoln Otero Park Prowers Pueblo Teller
Robin Getz PO Box 460804 Aurora, CO 80046-0804	W: 720-413-7426 F: 303-537-4413 rgetz@csdb.org	Adams Denver	
Annette Landes PO Box 897 Laporte, CO 80535-0897	W: 970-218-0342 F: 303-957-5435 allandes@csdb.org	Larime Logan Morgan Phillips	Sedgwick Washington Weld Yuma
Dee Shuler-Woodard P.O. Box 128 Pitkin, CO 81241-0128	C: 303-902-3548 dwoodard@csdb.org	Alamosa Conejos Costilla Delta Gunnison Hinsdale	Mineral Montrose Ouray Rio Grande Saguache San Miguel
Terry Wayt	H: 970-882-7484 C: 970-570-9886 twayt@csdb.org crewayt1@centurylink.net	Archuleta Dolores La Plata	Montezuma San Juan
Lynn Wismann-Horther PO Box 2057 Littleton, CO 80161-2057	W: 720-413-7429 F: 720-489-6062 lwismann@csdb.org	Arapahoe Douglas	

Name and Address	Telephone Numbers	Counties Covered	
Cynthia Hunnicutt PO Box 20664 Boulder, CO 80308-3664	C: 303-520-4907 F: 303-449-4323 call first chunnicutt@cldb.org	Boulder Broomfield	
Sarah Wedekin	C: 970-260-3268	Eagle Garfield Grand Jackson Lake	Mesa Moffat Pitkin Rio Grand Routt

ADVISORS AND CONSULTANTS

Parent Consultant	Janet Des Georges 730 S. 44th Street Boulder, CO 80305	H: 303-499-9365 W: 303-492-6283 F: 303-499-9365 janet@handsandvoices.org	All Counties
Deaf Consumer Consultant	Stephanie Olson 27891 Columbine Road Evergreen, CO 80439	H: 303-670-2360 Steph_olson@msn.com	All Counties
Audiology Consultant	Rebecca Nelson 2085 S. Xenia Way Denver, CO 80231		All Counties
Unilateral Hearing Loss Consultant	Karen Carpenter 3155 24th Street Boulder, CO 80304	H: 303-444-5954 W: 303-492-5742 F: 303-492-3274 Karen.carpeter@colorado.edu	All Counties
Oral Communication Consultant	Nanette Thompson 1431 S. Ulster Street Denver, CO 80231	H: 303-789-9253 W: 303-887-0842 F: 303-781-2018 nanettejo@yahoo.com	All Counties
Accountability Coordinator	Allison Sedey 4218 26th St. Boulder, CO 80304	H: 303-417-1421 W: 303-492-0078 allison.sedey@colorado.edu	
Assessment Coordinator	Amy Dodd 4964 Sundance Square Boulder, CO 80301	H: 303-530-4400 W: 303-492-6811 amy.dodd@colorado.edu	
Program Administrative Assistant	Dale Wolf 33 N. Institute St. CS, CO 80903	W: 719-578-2245 F: 719-578-2139 dwolf@cldb.org	
Program Administrative Assistant	Mary Cuccaro 33 N. Institute St. CS, CO 80903	W: 719-578-2270 F: 718-578-2139 mcuccaro@cldb.org	
Accounting Technician	Michelle Brady 33 N. Institute St. CS, CO 80903	W: 719-578-2260 F: 719-578-2139 mbrady@cldb.org	
Director of Outreach Programs and Services	Laura Stein Douglas, Ph. D. 33 N. Institute St. CS, CO 80903	W: 719-578-2110 F: 719-578-2139 ldouglas@cldb.org	

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

(Please note the following contact information is subject to change. If you cannot reach your area Coordinator, please contact Program Director, Vickie Thomson, PhD, at 303-692-2458 or vickie.thomson@state.co.us)

HOSPITAL	Contact & Address	Contact Information	COUNTY
Arkansas Valley	Karen Gacnik High Plains Audiology PO BOX 454 La Junta CO 81050	Phone: 719-383-0147 Fax: 719-383-3060 E-mail: highplainsaudiology@solucian.com	Southeast
Aspen Valley	Daria Stakiw 433 Stagecoach Lane New Castle CO 81647	Phone: 970-984-3270 Fax: E-mail: dariastakiw@yahoo.com	Western Slope
Aurora Regional*	Stacy Claycomb 799 E 3rd St Durango CO 81303	Phone: 970-375-2369 Fax: 970-375-9054 E-mail: stacy.claycomb@gmail.com	Tri-County
Avista	Sally Specht Boulder County Public Health 421 Mariana Point Ct Loveland CO 80537	Phone: 303-678-6172 Fax: 303-441-1452 E-mail: dspecht@prodigy.net	Boulder
BCH	Sally Specht Boulder County Public Health 421 Mariana Point Ct Loveland CO 80537	Phone: 303-678-6172 Fax: 303-441-1452 E-mail: dspecht@prodigy.net	Boulder
Colorado Plains	Linda Jelden 315 South Reynolds Drive Holyoke, CO 80734	Phone: 970-854-2593 Fax: 970-522-1412 E-mail: ljelden@pctelcom.coop	Northeast
Delta	Ruby Zubrod 425 Patterson Rd Suite 503Grand Junction, CO 81506	Phone: 970-255-3545 Fax: 970-242-9092 E-mail: rzubrod@cwoto.com	Western Slope
Denver Health	Vickie Thomson CDPHE - CSHCN 4300 Cherry Creek Dr. South Denver, CO 80246	Phone: 303-692-2458 Fax: 303-753-9249 E-mail: vickie.thomson@state.co.us	Tri-County
Estes Park	Nancy Alexander 242 Centennial DrEstes Park, CO 80517	Phone: 970-586-6812 Fax: 970-498-6772 E-mail: ralexan444@aol.com	Larimer
Evans Army	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
Good Samaritan	Emily Stratton 350 Moss Rock Way Johnstown, CO 80534	Phone: 303-689-6573 Home: 970-587-8818 E-mail: strattonemily@hotmail.com StrattonE@exempla.org	Broomfield
Gunnison Valley	Ruby Zubrod 425 Patterson Rd Suite 503Grand Junction, CO 81506	Phone: 970-255-3545 Fax: 970-242-9092 E-mail: rzubrod@cwoto.com	Western Slope

HOSPITAL	Contact & Address	Contact Information	COUNTY
Haxtun	Linda Jelden 315 South Reynolds Drive Holyoke, CO 80734	Phone: 970-854-2593 Fax: 970-522-1412 E-mail: ljelden@pctelcom.coop	Northeast
Heart of the Rockies	Vickie Thomson CDPHE – CSHCN 4300 Cherry Creek Dr. S Denver, CO 80246	Phone: 303-692-2458 Fax: 303-753-9249 E-mail: vickie.thomson@state.co.us	South Central
Kit Carson	Rachel MacArthur 1899 Frank Street Burlington CO 80807	Phone: 719-346-9497 Fax: 719-383-3060 E-mail: farmear@msn.com	Southeast
Littleton*	Rebecca Nelson Bill Daniels Center for Children's Hearing The Children's Hospital 13123 East 16th Avenue, BO30 Aurora, CO 80045	Phone: 720-777-6626 Fax: 720-777-7169 E-mail: nelson.rebecca@tchden.org	Denver
Longmont United	Sally Specht Boulder County Public Health 421 Mariana Point Ct Loveland CO 80537	Phone: 303-678-6172 Fax: 303-441-1452 E-mail: dspecht@prodigy.net	Boulder
Lutheran	Rebecca Nelson Bill Daniels Center for Children's Hearing The Children's Hospital 13123 East 16th Avenue, BO30 Aurora, CO 80045	Phone: 720-777-6626 Fax: 720-777-7169 E-mail: nelson.rebecca@tchden.org	Wheatridge
McKee	Nancy Alexander 242 Centennial Dr Estes Park, CO 80517	Phone: 970-586-6812 Fax: 970-498-6772 E-mail: ralexan444@aol.com	Larimer
Med Center of the Rocki	Nancy Alexander 242 Centennial Dr Estes Park, CO 80517	Phone: 970-586-6812 Fax: 970-498-6772 E-mail: ralexan444@aol.com	Larimer
Melissa Memorial	Linda Jelden 315 South Reynolds Drive Holyoke, CO 80734	Phone: 970-854-2593 Fax: 970-522-1412 E-mail: ljelden@pctelcom.coop	Northeast
Memorial	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
Mercy Medical	Chandace Jeep 799 E 3rd St Durango CO 81303	Phone: 970-375-2369 Fax: 970-375-9054 E-mail: audballcj@yahoo.com	Southwest
Montrose	Ruby Zubrod 425 Patterson Rd Suite 503 Grand Junction, CO 81506	Phone: 970-255-3545 Fax: 970-242-9092 E-mail: rzubrod@cwoto.com	Western Slope
North Suburban*	Emily Stratton 350 Moss Rock Way Johnstown, CO 80534	Phone: 303-689-6573 Home: 970-587-8818 E-mail: strattonemily@hotmail.com StrattonE@exempla.org	Tri-County

HOSPITAL	Contact & Address	Contact Information	COUNTY
Northern Colorado	Diane Erdburger University of Northern Colorado Gunter Hall 030, Campus Box 55 Greeley CO 80639	Phone: 970-351-2012 Fax: 970-351-1601 E-mail: diane.erdbuegger@unco.edu	Weld
Parker Adventist*	Vickie Thomson CDPHE - CSHCN 4300 Cherry Creek Dr. South Denver, CO 80246	Phone: 303-692-2458 Fax: 303-753-9249 E-mail: vickie.thomson@state.co.us	Tri-County
Parkview	Andrae 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
Penrose	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
Platt Valley	Emily Stratton 350 Moss Rock Way Johnstown, CO 80534	Phone: 303-689-6573 Home: 970-587-8818 E-mail: strattonemily@hotmail.com StrattonE@exempla.org	Tri-County
Poudre Valley	Nancy Alexander 242 Centennial Dr Estes Park, CO 80517	Phone: 970-586-6812 Fax: 970-498-6772 E-mail: ralexan444@aol.com	Larimer
Prowers Medical Center	Karen Gacnik High Plains Audiology PO BOX 454 La Junta CO 81050	Phone: 719-383-0147 Fax: 719-383-3060 E-mail: highplainsaudiology@solucian.com	Southeast
PSL*	Stacy Claycomb 799 E 3rd St Durango CO 81303	Phone: 970-375-2369 Fax: 970-375-9054 E-mail: stacy.claycomb@gmail.com	Denver
Rose Medical*	Stacy Claycomb 799 E 3rd St Durango CO 81303	Phone: 970-375-2369 Fax: 970-375-9054 E-mail: stacy.claycomb@gmail.com	Tri-County
San Luis Valley	Vickie Thomson CDPHE - CSHCN 4300 Cherry Creek Dr. South Denver, CO 80246	Phone: 303-692-2458 Fax: 303-753-9249 E-mail: vickie.thomson@state.co.us	South Central
Sedgewick County	Linda Jelden 315 South Reynolds DriveHolyoke, CO 80734	Phone: 970-854-2593 Fax: 970-522-1412 E-mail: ljelden@pctelcom.coop	Northeast
Skyridge*	Vickie Thomson CDPHE - CSHCN 4300 Cherry Creek Dr. South Denver, CO 80246	Phone: 303-692-2458 Fax: 303-753-9249 E-mail: vickie.thomson@state.co.us	Tri-County
Southwest Memorial	Chandace Jeep 799 E 3rd St Durango CO 81303	Phone: 970-375-2369 Fax: 970-375-9054 E-mail: audballcj@yahoo.com	Southwest

HOSPITAL	Contact & Address	Contact Information	COUNTY
St. Anthony Central	Rebecca Nelson Bill Daniels Center for Children's Hearing The Children's Hospital1 3123 East 16th Avenue, BO30 Aurora, CO 80045	Phone: 720-777-6626 Fax: 720-777-7169 E-mail: nelson.rebecca@tchden.org	Denver
St. Anthony North	Rebecca Nelson Bill Daniels Center for Children's Hearing The Children's Hospital1 3123 East 16th Avenue, BO30 Aurora, CO 80045	Phone: 720-777-6626 Fax: 720-777-7169 E-mail: nelson.rebecca@tchden.org	Tri-County
St. Joseph's	Emily Stratton 350 Moss Rock Way Johnstown, CO 80534	Phone: 303-689-6573 Home: 970-587-8818Fax: E-mail: strattonemily@hotmail.com StrattonE@exempla.org	Denver
St. Joseph's	Rebecca Nelson Bill Daniels Center for Children's Hearing The Children's Hospital1 3123 East 16th Avenue, BO30 Aurora, CO 80045	Phone: 720-777-6626 Fax: 720-777-7169 E-mail: nelson.rebecca@tchden.org	Denver
St. Mary Corwin	Andrae Lucas Greenwood Ear Nose and Throat Specialists 1619 N Greenwood Ste 309 Pueblo, CO 81003	Phone: 719-544-7115Fax: 719-442-6985 Email: andraelucas@yahoo.com	Pueblo
St. Mary's	Ruby Zubrod 425 Patterson Rd Suite 503 Grand Junction, CO 81506	Phone: 970-255-3545 Fax: 970-242-9092 E-mail: rzubrod@cwoto.com	Western Slope
St. Thomas More	Karen Gacnik High Plains Audiology PO BOX 454 La Junta CO 81050	Phone: 719-383-0147 Fax: 719-383-3060 E-mail: highplainsaudiology@solucian.com	Southeast
Sterling Regional	Linda Jelden 315 South Reynolds Drive Holyoke, CO 80734	Phone: 970-854-2593 Fax: 970-522-1412 E-mail: ljelden@pctelcom.coop	Northeast
Summit Medical Center	Daria Stakiw 433 Stagecoach Lane New Castle CO 81647	Phone: 970-984-3270 Fax: E-mail: dariastakiw@yahoo.com	Western Slope
Swedish	Vickie Thomson CDPHE - CSHCN 4300 Cherry Creek Dr. South Denver, CO 80246	Phone: 303-692-2458 Fax: 303-753-9249 E-mail: vickie.thomson@state.co.us	Tri-County

HOSPITAL	Contact & Address	Contact Information	COUNTY
The Memorial	Corrin Stine Sounds of the Valley Audiology 440 South Lincoln Ave Suite B1 Steamboat Springs CO 80487	Phone: 970-879-4327 Fax: E-mail: corrin@soundsofthevalley.net	Northwest
University	Stacy Claycomb 799 E 3rd St Durango CO 81303	Phone: 970-375-2369 Fax: 970-375-9054 E-mail: stacy.claycomb@gmail.com	Tri-County
Vail Valley	Daria Stakiw 433 Stagecoach Lane New Castle CO 81647	Phone: 970-984-3270 Fax: E-mail: dariastakiw@yahoo.com	Western Slope
Valley View	Daria Stakiw 433 Stagecoach Lane New Castle CO 81647	Phone: 970-984-3270 Fax: E-mail: dariastakiw@yahoo.com	Western Slope
Wray	Linda Jelden 315 South Reynolds Drive Holyoke, CO 80734	Phone: 970-854-2593 Fax: 970-522-1412 E-mail: ljelden@pctelcom.coop	Northeast
Yampa Valley	Corrin Stine Sounds of the Valley Audiology 440 South Lincoln Ave Suite B1 Steamboat Springs CO 80487	Phone: 970-879-4327 E-mail: corrin@soundsofthevalley.net	Northwest
Yuma District	Linda Jelden 315 South Reynolds Drive Holyoke, CO 80734	Phone: 970-854-2593 Fax: 970-522-1412 E-mail: ljelden@pctelcom.coop	Northeast

* *Pediatric Hospitals*

See a full listing of organizations, programs, service providers, educational facilities, websites, books and videos starting on page 39

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 may be magnified. Armed with the right information and knowledge, families can get through these transition periods successfully, even 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 Intervention Colorado**
<http://www.eicolorado.org/index.cfm?fuseaction=search.find>
 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 parent's 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/alex.html
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.

For more on transitions, see Bridge to Preschool at:
<http://www.cohandsandvoices.org/resources/bridge.html>

This page Adapted from Supporting Families in Transition between Early Intervention and School Age Programs by Cheryl Johnson, at www.handsandvoices.org

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 DID the law take effect and are all kids who are d/hh required to have a communication plan?

The law took effect as of May 1996, and its rules for implementation were adopted in May of 1997. A revised , recommended communication plan template was introduced by the CO Dept. of Ed in 2009. All IEPs being developed are required to include a Communication Plan. Still, it is not happening consistently. Nevertheless, we encourage parents to ensure that your IEP team works with you to create a Communication Plan for your child at your next IEP.

Where can I find more information about the Deaf Child Bill of Rights and Deaf Education Reform Movement Activities?

Go to 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 state-wide 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. Note that previous experience with a communication mode does not rule out a child/family's request to learn a new mode.

- 1. Language and Communication:** The student's primary language and communication modes are described. The primary language is generally the language used most fluently by those living with the child. Communication modes are divided into receptive and expressive language checklists, and both questions ask for descriptions and action plans if goals need to be developed in any of these areas. 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/pdf/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? Also included in this section are any supports needed to ensure that parents can carry out IEP goals in the home environment under the Parent Counseling and Training question. Hands & Voices Guides are good sources of information about where parents can obtain training in their region or online.
- 2. Peers and Role Models:** Because of the low incidence of a hearing loss, 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. Consider the need of the student for interaction with a sufficient number of adult role models and peer groups with the same communication mode or primary language. How about some time during the school day to "chat" online with other deaf/hh kids? Does the family know about summer camp opportunities, or "The Field of Dreams Baseball Camp for the Deaf"? What can be created within a school district or through collaborating with neighboring districts?
- 3. All Educational Options:** What are the educational options within and outside the district that are available for the student? Have all educational options been explained, and the impact on the student's education and communication? This is the point in the IEP meeting where options are discussed; not where placement decisions are made. School Placement should always be decided upon based on the individual child's communication and educational needs with parents as active members of the decision making process.
- 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 for teachers or other staff who have never worked with a deaf/hh student? Is there an accommodation not being utilized? Review the IEP/504 Checklist for Recommended Accommodations on page 33. Have the conversation.
- 5. Communication Accessibility in Academic Instruction, School Services, and Extracurricular Activities:** The qualifier here is "Communication Accessible." Is the student enjoying full access to academic instruction and services throughout the entire day? On the playground? In the hallway? On a field trip? During films and online videos? During extra-curricular activities? The IEP/504 Checklist (see above) is an important resource. Consider the child's communication access during transition times and in before and after school-sponsored programs (videophone, Captioned Television, interpreters at the robotics competition, and more.). Make a plan.

The Communication Plan listed on the following page is also available at <http://www.cohandsandvoices.org/resources/complan.htm>.

COMMUNICATION PLAN

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

Legal Name of Student _____	State Student ID (SASID) _____	Date of Birth _____	Date _____		
COMMUNICATION PLAN FOR STUDENT WHO IS DEAF/HARD OF HEARING OR DEAF-BLIND					
<p>The IEP team has considered each area listed below, and has not denied instructional opportunity based on the amount of the child's/student's residual hearing, the ability of the parent(s) to communicate, nor the child's/student's experience with other communication modes. To the extent appropriate, the input about this child's/student's communication and related needs as suggested from adults who are deaf/hard of hearing has been considered. 300.324(a)(2)(IV) 4.03(6)(A)</p>					
<p>1. Language and Communication</p>					
<p>1. a. The child's/student's primary language is one or more of the following.</p>					
<p><i>Check all that apply.</i></p>					
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Receptive</p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Native language (ASL, Spanish etc), specify _____</p> <p><input type="checkbox"/> Combination of several languages</p> <p><input type="checkbox"/> Minimal language skills; no formal primary language</p> </td> <td style="width: 50%; vertical-align: top;"> <p>Expressive</p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Native language (ASL, Spanish etc), specify _____</p> <p><input type="checkbox"/> Combination of several languages</p> <p><input type="checkbox"/> Minimal language skills; no formal primary language</p> </td> </tr> </table>				<p>Receptive</p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Native language (ASL, Spanish etc), specify _____</p> <p><input type="checkbox"/> Combination of several languages</p> <p><input type="checkbox"/> Minimal language skills; no formal primary language</p>	<p>Expressive</p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Native language (ASL, Spanish etc), specify _____</p> <p><input type="checkbox"/> Combination of several languages</p> <p><input type="checkbox"/> Minimal language skills; no formal primary language</p>
<p>Receptive</p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Native language (ASL, Spanish etc), specify _____</p> <p><input type="checkbox"/> Combination of several languages</p> <p><input type="checkbox"/> Minimal language skills; no formal primary language</p>	<p>Expressive</p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Native language (ASL, Spanish etc), specify _____</p> <p><input type="checkbox"/> Combination of several languages</p> <p><input type="checkbox"/> Minimal language skills; no formal primary language</p>				
<p><i>Describe:</i> _____</p>					
<p><i>Action Plan, if any:</i> _____</p>					
<p>1. b. The child's/student's primary communication mode is one or more of the following. Supports 300.116(e).</p>					
<p><i>Check all that apply and if more than one applies, explain.</i></p>					
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Receptive:</p> <p><input type="checkbox"/> Auditory</p> <p><input type="checkbox"/> Speechreading</p> <p><input type="checkbox"/> Fingerspelling</p> <p><input type="checkbox"/> Tactile/objects</p> <p><input type="checkbox"/> Home signs</p> <p><input type="checkbox"/> Other, please explain _____</p> </td> <td style="width: 50%; vertical-align: top;"> <p><input type="checkbox"/> American Sign Language</p> <p><input type="checkbox"/> Cued Speech/Cued English</p> <p><input type="checkbox"/> Gestures</p> <p><input type="checkbox"/> Picture symbols/pictures/photographs</p> </td> </tr> </table>				<p>Receptive:</p> <p><input type="checkbox"/> Auditory</p> <p><input type="checkbox"/> Speechreading</p> <p><input type="checkbox"/> Fingerspelling</p> <p><input type="checkbox"/> Tactile/objects</p> <p><input type="checkbox"/> Home signs</p> <p><input type="checkbox"/> Other, please explain _____</p>	<p><input type="checkbox"/> American Sign Language</p> <p><input type="checkbox"/> Cued Speech/Cued English</p> <p><input type="checkbox"/> Gestures</p> <p><input type="checkbox"/> Picture symbols/pictures/photographs</p>
<p>Receptive:</p> <p><input type="checkbox"/> Auditory</p> <p><input type="checkbox"/> Speechreading</p> <p><input type="checkbox"/> Fingerspelling</p> <p><input type="checkbox"/> Tactile/objects</p> <p><input type="checkbox"/> Home signs</p> <p><input type="checkbox"/> Other, please explain _____</p>	<p><input type="checkbox"/> American Sign Language</p> <p><input type="checkbox"/> Cued Speech/Cued English</p> <p><input type="checkbox"/> Gestures</p> <p><input type="checkbox"/> Picture symbols/pictures/photographs</p>				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Expressive:</p> <p><input type="checkbox"/> Spoken language</p> <p><input type="checkbox"/> Conceptual signs (Pidgin Signed English or Conceptually Accurate Signed English)</p> <p><input type="checkbox"/> Tactile/objects</p> <p><input type="checkbox"/> Cued Speech/Cued English</p> </td> <td style="width: 50%; vertical-align: top;"> <p><input type="checkbox"/> Signing Exact English/Signed English</p> <p><input type="checkbox"/> Conceptual signs (Pidgin Signed English or Conceptually Accurate Signed English)</p> <p><input type="checkbox"/> American Sign Language</p> <p><input type="checkbox"/> Fingerspelling</p> <p><input type="checkbox"/> Home signs</p> <p><input type="checkbox"/> Pictures symbols/pictures/photographs</p> <p><input type="checkbox"/> Other, please explain _____</p> </td> </tr> </table>				<p>Expressive:</p> <p><input type="checkbox"/> Spoken language</p> <p><input type="checkbox"/> Conceptual signs (Pidgin Signed English or Conceptually Accurate Signed English)</p> <p><input type="checkbox"/> Tactile/objects</p> <p><input type="checkbox"/> Cued Speech/Cued English</p>	<p><input type="checkbox"/> Signing Exact English/Signed English</p> <p><input type="checkbox"/> Conceptual signs (Pidgin Signed English or Conceptually Accurate Signed English)</p> <p><input type="checkbox"/> American Sign Language</p> <p><input type="checkbox"/> Fingerspelling</p> <p><input type="checkbox"/> Home signs</p> <p><input type="checkbox"/> Pictures symbols/pictures/photographs</p> <p><input type="checkbox"/> Other, please explain _____</p>
<p>Expressive:</p> <p><input type="checkbox"/> Spoken language</p> <p><input type="checkbox"/> Conceptual signs (Pidgin Signed English or Conceptually Accurate Signed English)</p> <p><input type="checkbox"/> Tactile/objects</p> <p><input type="checkbox"/> Cued Speech/Cued English</p>	<p><input type="checkbox"/> Signing Exact English/Signed English</p> <p><input type="checkbox"/> Conceptual signs (Pidgin Signed English or Conceptually Accurate Signed English)</p> <p><input type="checkbox"/> American Sign Language</p> <p><input type="checkbox"/> Fingerspelling</p> <p><input type="checkbox"/> Home signs</p> <p><input type="checkbox"/> Pictures symbols/pictures/photographs</p> <p><input type="checkbox"/> Other, please explain _____</p>				
<p><i>Explanation for multiple modes of communication, if necessary:</i> _____</p>					

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

IEP/504 CHECKLIST

Accommodations & Modifications For Students Who Are Deaf & Hard Of Hearing

Name: _____ Date: _____

Note: Accommodations provide access to communication and instruction and are appropriate for 504 services; Modifications alter the content, the expectations, and the evaluation of academic performance and usually require an IEP.

Amplification Accommodations

- Personal hearing instrument (hearing aid, cochlear implant, Baha, tactile device)
- Personal FM (hearing aid + FM or FM only)
- Hearing assistance technology (without personal hearing instrument)
- Wide area sound distribution system

Assistive Devices Accommodations

- Videophone or Text Phone
- Alerting devices
- Other _____

Communication Accommodations

- Priority seating arrangement: _____
- Obtain student's attention prior to speaking
- Reduce auditory distractions (background noise)
- Give student time/assistance to locate speaker in small or large group setting
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
- Extra time for processing information
- Repeat or rephrase information when necessary
- Frequent checks for understanding
- Speech to text software (speech recognition)
- Interpreting (ASL, signed English, cued speech, oral)

Instructional Accommodations & Modifications

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

Physical Environment Accommodations

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

Curricular Modifications

- Modified reading assignments (shorten length, adapt phonics-based instruction)
- Modified written assignments (shorten length, adjust evaluation criteria)
- Extra practice
- Pre-teach, teach, post-teach vocabulary, concepts
- Strategies to adapt oral/aural curriculum/instruction to accommodate reduced auditory access
- Supplemental materials to reinforce concepts of curriculum
- Alternative curriculum

Evaluation Accommodations & Modifications

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

Other Needs/Considerations

- Expanded core curriculum instruction (speech, language, pragmatic language/communication, audition and listening, speechreading, sign language, self-advocacy, transition planning, deaf studies)
- Counseling
- Family supports and training
- Sign language instruction for family members
- Deaf/Hard of Hearing peers
- Deaf/Hard of Hearing role models
- Recreational/Social opportunities
- Transition Services:
 - ___ Vocational Rehabilitation services
 - ___ Linkages to higher education, job training
 - ___ Self-advocacy & personal responsibility training
 - ___ Financial assistance
- Other _____

From: C.D. Johnson & J. Seaton, Educational Audiology Handbook, 2nd Edition (2011), Cengage-Delmar Learning



FREQUENTLY ASKED QUESTIONS

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

2. Be Predictable.

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

3. Communicate Clearly.

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

If there is a communication challenge because of deafness or hearing loss, acknowledge the need to purposefully develop strategies to close the gap. With a deaf or hard of hearing child, consider creating a 'quality control' test to make sure your message was understood as intended, including consequences. Have her repeat back what she understood you to say. Role-play to teach productive, appropriate questioning techniques that will be essential at home, at school, and everywhere.

4. Understand Problem Behavior.

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

When, where, and with whom does it occur? Is there a physical cause such as hunger or fatigue? Was the communication experience unsuccessful -- resulting in frustration, anger and lashing out? Does he feel threatened, hurried or ignored? Is the child seeking attention in an unappealing way? Is he having trouble expressing himself and projecting his negative energy in a physical way? Which is needed... punishment, or a shoulder to cry on?

5. Catch Your Child Being "Good."

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

6. Set Up a Safe Environment.

Children love to explore and thrive in tactile environments where things can be pulled on, climbed over, taken apart and put back together again (maybe). This isn't being naughty -- this is their nature. Make her environment

safe. The more there are appropriate things available to explore the fewer problems with inappropriate behavior she will have. Consider how this applies to adolescents and even teenagers. A safe environment is one where the rules and limits are defined and understood. Can she have the car Friday night? Yes, if we know whom she's with, where she's going, and when she'll be back.

7. Set Sensible Limits.

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

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

8. Defuse Explosion.

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

9. Teach Good Problem Solving Skills.

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

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

10. Don't Overreact.

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

11. Seek Professional Help When Needed.

Most children grow out of common behavioral problems with the patient guidance of parents and other caring adults. But for a small percentage (5 to 15%) the problem behaviors persist and can become severe. Professional help is an excellent resource that can provide support and a constructive plan of action.

12. Be Patient with Your Child and Yourself.

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

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

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

Observing, Understanding, and Responding to Child Abuse and Neglect for children who are deaf and hard of hearing are the main areas of focus for a project being jointly undertaken by Dr. Harold Johnson at Michigan State University and Hands & Voices. We continue our efforts to increase parent and professional education in keeping our children safe from child abuse and neglect. We are challenging one another to spread the word about this important topic. Parent Guides from CO Hands & Voices Guide By Your Side are available to support families and provide resources if there is concern.

Contact: janet@handsandvoices.org

We don't like to think about it, but our kids who are deaf or hard of hearing are at a higher risk for both abuse and neglect. Like any children, they are at risk. As children who might not always be able to communicate easily and fluently, or understand the nuances of conversation with neighbors, caregivers, or strangers, they are at an even higher risk of being victims of someone, somewhere...If we can stop that cycle with even one child, one family... our efforts are more than worthwhile.

Do you want to join in this effort? Join the Wiki site: An active, growing body of knowledge on this topic. We'll figure out how to raise this conversation among parents.

With your help, we'll keep our kids safe and help future kids stay safe.

How do we learn to Observe, Understand and Respond? Join the community of learners at <http://deafed-child-abuse-neglect-col.wiki.educ.msu.edu>

RESOURCES THAT CAN HELP!

Local Assistance

Every county in every state in the United States has a child protective services agency. The names may vary, but they are responsible for dealing with child abuse and neglect. Check your local yellow pages or call one of the organizations below for assistance.

Organizations

Child Help:	800-4-A-Child	www.childhelp.org
Hands & Voices:	303-492-6283	www.handsandvoices.org
National Exchange Club Foundation :	800-924-2643	www.preventchildabuse.com
Friends National Resource Center:	919-768-0162	www.friendsnrc.org
Child Welfare League of America:	703-412-2400	www.cwla.org
Prevent Child Abuse America:	800-244-5373	www.preventchildabuse.org

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

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
sales@adcohearing.com Email
www.adcohearing.com
Specialty products for the deaf.

Colorado Association of the Deaf (CAD)

The Veditz Office, Colorado Association of the Deaf

PO Box 370294
Denver, CO 80237-5196
Raymond Lee Kilthau, President
president@cadeaf.org
www.cadeaf.org

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

Colorado Department of Education Consultant for Education of the Deaf, Exceptional Student Leadership Unit

Contact: Ruth Mathers

1560 Broadway, Suite 1175
Denver, Colorado 80202
(303) 866-6909

mathers_r@cde.state.co.us

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 Behavioral Health

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

<http://www.cdhs.state.co.us/servicebyagency.htm>

Information and assistance in accessing public behavioral health systems (mental health and substance use) in Colorado.

Colorado Families for Hands & Voices

P0 Box 3093
Boulder, CO 80307
(303) 492-6283
(720) 445-7720 (VP)
Janet DesGeorges, Executive Director
janet@handsandvoices.org
www.cohandsandvoices.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

Reggie Bicha, Executive Director
1575 Sherman St
Denver, CO 80203
(720) 457-3679 (v/VP)
(303) 866-4824 (v)

email.ccdhh@state.co.us

www.coloradodeafcommission.com

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 HCP-A4

Denver, CO 80246

(303) 692-2458

Vickie.Thomson@state.co.us

www.hpcolorado.org

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

(720) 339-5331

CoffanB@Juno.com

www.EastBoulderBaptist.com

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

*Additional places of worship/ministries listed on ColoradoDeaf.com; <http://www.coloradodeaf.com/church.shtml>

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 develop-

mental 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)

Early Intervention Colorado for infants, toddlers, and families

(888) 777-4041

(303) 866-7263

www.eicolorado.org

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

El Grupo Vida

P.O. Box 11096

Denver, CO 80211

(303) 904-6073

info@elgrupovida.org

www.elgrupovida.org

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

Family Voices of Colorado

Christy Blakely, Executive Director

450 Lincoln Street Suite 100

Denver, CO 80203

(303) 733-3000

(800) 881-8272

(303) 904-6073 (Espanol)

info@familyvoicesco.org

www.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 resources for families of target population are the priority activities.

Goodwill Industries of Denver – Deaf Services Program

Cathy A. Noble-Hornsby, Program Manager

6850 N. Federal Blvd.

Denver, CO 80221

(720) 457-3646

(866) 759-3661

cnoble@goodwilldenver.org

www.goodwilldenver.org/

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

Debbie Mohney,
State Chapter Coordinator
(303) 938-9659
debbie@mountainocean.com
www.hearinglosscolorado.org
www.hearingloss.org – national site

A consumer organization 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.

Valerie Foss-Brugger, Executive Director
5901 E 89th Ave
Henderson, CO 80640
(303) 287-3277 (v/tdd)
ihdi@aol.com
www.ihdi.org

Hearing dog training and placement

PEAK: Parent Education & Assistance for Kids

611 N Weber Suite 200
Colorado Springs, CO 80903
(800) 284-0251
info@peakparent.org
www.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

(800) 288-1376; (303) 722-0300 Denver office
(303) 722-3619 (tty)
(800) 531-2105; (970) 241-6371 Grand Junction
tlcmail@thelegalcenter.org
www.thelegalcenter.org
Advice on the legal rights of people with disabilities
Publishes Everyday Guide to Special Education Law

P2P: Parent to Parent of Colorado

(877) 472-7201
www.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

1560 Broadway Suite 1175
Denver, CO 80203
(303) 866-6694
(303) 860-7060 (tty)
eslu@cde.state.co.us
www.cde.state.co.us/cdesped/PEP.asp
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)
Joe.Benedetto@dora.state.co.us
www.dora.state.co.us/puc/telecom/relay_colorado.htm
Administrative offices providing outreach information

Other Disability Specific Resources:**Autism Society of Colorado:**

(720) 214-0794 (Denver) or (866) 256-6273, autismcolorado.org

Brain Injury Alliance of Colorado:

(303) 355-9969 or (800) 955-2443, biacolorado.org

CP of Colorado:

(303) 691-9339, cpc.org

Mile High Down Syndrome Association:

(303) 797-1699, mhdsa.org

PROGRAMS/ SERVICE PROVIDERS/ EDUCATIONAL FACILITIES*

Aspen Camp of the Deaf and Hard of Hearing

4862 Snowmass Creek Road
Snowmass, CO 81654
(970) 923-2511 (v)
(970) 315-0513 (vp)
office@aspencamp.org
www.acsd.org

Aspen Camp of the Deaf and Hard of Hearing hosts year round winter and summer camps that empower deaf and hard-of-hearing children with opportunities to build self-identity, confidence and social skills through outdoor education and leadership development activities. We accept siblings and CODAs. ACDHH continually partners with sponsors to support sessions. As ACDHH celebrates 44 years of service, we proudly offer other programs during 2012 including a Women's Snowshoe Retreat, U Camps (build your own retreat), Deaf Chef Program, Family Camps, ASL Bootcamps and more.

Auditory-Verbal Services, Inc

Nancy Caleffe-Schenck, M.Ed., CCC-A, LSLS Cert. AVT®

Office Address:
LISTEN Foundation
6950 E. Bellview Ave. Suite 203
Greenwood Village, CO 80111
(303) 881-5292
schenck.nancy@gmail.com

Individualized auditory rehabilitation and auditory-verbal therapy (hearing aids and cochlear implants) with an emphasis on developing listening and spoken communication by guiding parents using a collaborative approach to match a family's goals for their child.

Center for Hearing Speech & Language

4280 Hale Parkway
Denver, Co 80220
(303) 322-1871 (Denver)
(719) 597-3390 (Colorado Springs)
www.chsl.org

Auditory testing and dispensing of hearing aids for school age children and adults including, central auditory processing testing. Offers aural rehabilitation for adults. Financial assistance for low income families.

Children's Hospital Colorado*

Bill Daniels Center for Children's Hearing

E-mail: BillDanielsCenter@tchden.org
Website: <http://www.thechildrenshospital.org/conditions/speech/danielscenter/index.aspx>

Comprehensive services to meet the needs of children who are deaf or hard-of-hearing and their families include: audiology, pediatric otolaryngology, advanced technology hearing aids and cochlear implants, clinical genetics, speech-language pathology, clinical social work, deaf education, family consultation and support services.

***Services are provided at the Children's Hospital Colorado on the Anschutz Medical Campus (Aurora) and in our Network of Care locations throughout the metropolitan area including: Broomfield, Denver, Littleton, Parker, Westminster, and Wheat Ridge.** (Please visit our website to learn more about the services provided in your neighborhood)

To make an appointment for services at any of our locations, please call centralized scheduling:

Audiology (720) 777-6801
Speech-Language (evals or therapy) (720)777-6800
Pediatric Otolaryngology (720) 777-8501
To learn more about our program and services, please call our main phone: (720) 777-6531;
TTY: (720) 777-6886

CNI Center for Hearing

701 East Hampden Ave Suite 415
Englewood, CO 80113
(303) 806-7416
Email: jstucky@thecni.org
www.TheCNI.org/hearing

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.

Cochlear Implant Center Aural Habilitation

Kristine Ash Coughlin, M.A., CCC-A
PO Box 301
Ridgway, CO 81432
kristineash@msn.com

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

***Colorado Department of Education**

Ruth Mathers
1560 Broadway, Suite 1175
Denver, Colorado 80202
(303) 866-6909
Programs available throughout the state. Contact your school district, or state contact for more program information.

Colorado Home Intervention Program (CHIP)

Colorado School for the Deaf and the Blind
Dinah Beams, Program Coordinator
PO Box 150446
Denver, CO 80215-0446
(720) 413-7567
dbeams@csdb.org
CHIP is home-based, family-focused intervention, including parent support for families, with children under the age of three.

Colorado Oral Deaf Preschool

8081 E. Orchard Road
Greenwood Village, CO 80111
Karen Blackman, Executive Director
(720) 215-7517
Email: kblackman@oraldeafpreschool.org
www.oraldeafpreschool.org
Preschool for children with hearing loss using an early, standards-based education that helps them master listening, speaking, and literacy skills.

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

33 N. Institute Street
Colorado Springs, CO 80903
(719) 578-2100 (v); (719) 578-2102 (tty)
(719) 358-2600 (VP)
www.csdb.org
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, Integrated Reading

Program, and Shared Reading Project are under the umbrella of services offered by CSDB.

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

(combined vision and hearing loss)
Colorado Dept. of Education ESLU Unit
1560 Broadway Suite 1175
Denver, CO 80202
Tanni Anthony, (303) 866-6681; (303) 860-7060 (tty)
anthony_t@cde.state.co.us

Gina Quintana, (303) 866-6605
quintana_g@cde.state.co.us

<http://www.cde.state.co.us/cdesped/DeafBlind.asp>

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.

Cued Speech of Colorado

Email: cuedspeechcolorado@gmail.com
<http://cuedspeechcolorado.org>

CSCO provides advocacy, education, and support for families and professionals that use Cued Speech with d/hoh children and other populations with special needs

Deaf/Hard of Hearing Connections

Birth – 21
Colorado School for the Deaf and the blind
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) 788-7880 (v/tty)
www.denverear.com
D.E.A. is a full-service cochlear implant center that provides consultations, medical, audiology, evaluations, diagnostic therapy, and in-services for schools.

Dove-Advocacy Services for Abused Deaf Women and Children

PO Box 181118
 Denver, CO 80218
 (866) 283-5632 (VP) During Business Hours
 (303) 831-7932 – Office (TTY / Voice)
 (303) 831-7874 (TTY/Voice) 24 Hour Crisis Hotline:
 (An advocate will respond to you within 15 minutes.)
Info@deafdove.org
www.deafdove.org

Dove is a non-profit organization dedicated to providing services to Deaf, Hard of Hearing, Late-Deafened and Deaf-Blind victims of sexual assault and domestic violence. Dove's purpose is to provide free services and education to Deaf victims, victim service providers and the general public.

The Early Literacy Development Initiative (ELDI)

Colorado School for the Deaf and the Blind –CSDB

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 information about IRP, please contact:

Susie Broderick, Program Coordinator
 (720) 413-7473(V/Text)
sbroderick@csdb.org

The Shared Reading Project (CSDB): *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.*

For information about SRP, please contact:

Deb Branch
dbranch@csdb.org
 (719).578-2221

The Early Years Literacy Program and Parent Group (CSDB)

Susie Broderick, M.A., Statewide Coordinator
 The Early Years Literacy Program/Integrated Reading Project
 Colorado School for the Deaf and the Blind
 (720) 413-7473(V/Text)
sbroderick@csdb.org

This parent group is for families offered in various locations 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 auditory-verbal therapy to families and children who are deaf/hh for: early intervention services, habilitation, parent education and support, coordination with schools, and training for professionals. The organization works with Certified Auditory-Verbal Therapists.

The Marion Downs Hearing Center at the University of Colorado Hospital

“Communication for a Lifetime”
 Clinical services:
 1636 Aurora Court, Aurora, CO 80045
 Programs: 1793 Quentin Street, Aurora, CO 80045
 For appointments call (720) 848-2800
 For program information call (720) 848-3042
www.mariondowns.com

Specializing in direct clinical services including audiology, otology, genetics, speech/language and a multidisciplinary clinic. Clinical support includes newborn hearing screening and follow-up, complete pediatric diagnostic assessment, hearing aid dispensing and follow-up, cochlear implant consultations and follow-up, auditory processing evaluations, vestibular assessment, speech-language assessment and therapy, medical assessment and treatment, and genetic testing and counseling. Also provides parent support, consumer advocacy, a summer preschool, a teen program,

sign language classes and research and education.
Provides hearing technology education and options

Mental Health Center of Denver

4141 E Dickenson Place
Denver, CO 80222
(303) 504-6500 (v)
(303) 322-6190 (tty)
www.mhcd.org

Specialized counseling services for individuals who are deaf/hard of hearing www.mhcd.org/Services/deaf_counseling.html

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

(303) 887-0842
nanettejo@yahoo.com

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 Suite 530
Englewood, CO 80110-2776
(303) 806-6293
www.rockymountainearcer.com/cochlearimplants.htm
www.TheCNI.org

RMCIC 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)
(720) 235-0565 (VP)
info@rmdeafschool.net
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 Suite 530
Englewood, CO 80113-2776
(303) 783-9220
www.rockymountainearcer.org
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.

Rosie's Ranch, Inc.

10556 E. Parker Rd
Parker, CO 80138
(303) 257-5943
rosiesranch@comcast.net
www.rosiesranch.com

Therapeutic (language/vocabulary emphasis) Horseback Riding for children with hearing loss

Specialized Services, Inc (for children with hearing loss - mild to profound)

Mary Mosher-Stathes, M.A., LSLS cert avt
441 St. Paul Street
Denver, CO 80206(303) 257-5943
mms441ss@aol.com

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

University of Northern Colorado

School of Special Education, Teacher Preparation Program - Deaf/Hard of Hearing
john.luckner@unco.edu

FUNDING SOURCES FOR CHILDREN

If the 2009 Hearing Aid Legislation does not affect your child's coverage, there are private funding sources available for parents through an application process. Much more detailed information about these charitable organizations is available in the Parent Funding Toolkit at www.cohandsandvoices.org/resources/parentfundingtoolkit.html. The toolkit also has information about the statewide loaner bank and other resources. Below is a listing of the most commonly used funding sources. If you learn of other organizations, please let us know at cohv@cohandsandvoices.org

Some parents have raised their own funds through auctions, garage sales, and other fundraising events. We have also included some of that information in this section.

LIST OF PRIVATE FUNDING SOURCES

To the best of our knowledge this information is correct as of December, 2010.

AV Hunter Trust, Inc.

<http://avhuntertrust.org>

Funding assistance for durable medical equipment, including hearing aids. The A.V. Hunter Trust, Inc. is a charity of last resort for persons in need of various types of durable medical equipment. The application must be filled out by a social worker, caseworker, or other third-party professional acting on behalf of their client/patient. Families should NOT contact the trust directly or will be disqualified from funding. An online application is available for download and viewing. Checks are made payable to the vendor and a one time limit per individual is set.

Center for Hearing, Speech and Language

303.322.1871 (Denver),
719.597.3390 (Colorado Springs)
www.chsl.org

The Center for Hearing, Speech and Language is a nonprofit offering a sliding scale for purchasing hearing aids based on income. The Center will evaluate a client and match with an appropriate hearing aid. Audiologists, speech language pathologists, and therapists provide hearing, vision, speech and language services for people of all ages, including those unable to pay.

Communications for the Deaf and Hard of Hearing (CDHH)

303.278.1204 Hal Leith, Optimist club

This is a private citizen who organizes a donation bank. The hearing aids are all donated or can be purchased new with a family contribution to Starkey. Used hearing aids are refurbished by Starkey. If a match is found, used hearing aids are donated free of charge.

CNI Center for Hearing Cochlear Implant Assistance Program

Judith Stucky, MA, LPC
701 E. Hampden Ave, Suite 415
Englewood, CO 80113, (303) 806-7416
Web site: www.thecni.org/hearing/assistance
Email: jstucky@thecni.org

1. The Cochlear Implant Assistance Program provides cochlear implant systems, including internal and external components, to qualified permanent legal US residents, ages 1 year and up, including adults. The program is intended to assist applicants who are uninsured to receive a single cochlear implant at the applicant's local implant center. Patients are responsible for other costs associated with the procedure. The average out-of-pocket expense for a recipient of this program is approximately \$10,000-\$20,000 as compared to the \$85,000 cost with no assistance.
2. The BAHA (Bone Anchored Hearing Aid) Assistance Program awards only internal and external components of the system. The average-out-of-pocket expense for a recipient of this program is approximately \$10,000 as compared to the \$18,500 with no assistance.

The Elks Lodge

www.coloradoelks.org
www.coloradoelks.org/resources/resources.html

Aid is available from the Clem Audin Fund. These funds are intended for purchase of equipment, school supplies, clothing related to the education, health, development, and care of children 18 years of age and younger. Funds limited to \$200.00 per request. Each ELKS chapter has the application, or visit the website above.

First Hand Foundation

2800 Rockcreek Parkway
 Kansas City, MO 64117
 (816) 201-1569
 (816) 571-1569 Fax
 Email: firsthandfoundation@cerner.com
www.firsthandfoundation.org

First Hand is a non-profit, 501(c) (3) organization supported by the generosity of Cerner Corporation. The Foundation assists individual children who have clinical, health-related needs and no financial safety net to cover these expenses. It reaches children and their families who would otherwise fall through the cracks of insurance coverage and state aid. It strives to provide assistance that creates independence. The foundation will consider cochlear implant funding (medical as well as equipment needs.) This is an international provider, and sends funds directly to a provider. Applicants may make one request per year with a maximum of three requests total.

Friends of Man

www.friendsofman.org - (303) 798-2342

An application for Friends of Man will only be accepted if submitted by a third-party professional. They must make the request on a child's behalf. Friends of Man will consider all needs; prefer tangibles versus services. Checks are made payable to the vendor. Teachers, clergy, and social workers may apply for families.

Hear Now program of the Starkey Hearing Foundation

6700 South Washington Ave
 Eden Prairie, MN 55344
 (800) 648-4327 *automated line
 (Text Callers use: Relay 711 or 800-328-8602)
www.sotheworldmayhear.org
 Email: Joanita@sotheworldmayhear.org

The **Hear Now** program of the **Starkey Hearing Foundation** provides hearing aids to low income individuals who have no other resources to acquire hearing aids. Those served through the program must permanently reside in the US, meet the financial criteria, complete the application process and be approved for assistance. Hear Now assistance is not available if the applicant qualifies for any funding through private insurance, government assistance or any other funding option. There is a \$125 nonrefundable fee for each hearing aid requested. Anyone interested in Hear Now services should call 1-800-328-8602 and ask for Hear Now to discuss eligibility.

The Hearing Foundation

International Hearing Health Missions

6700 South Washington Avenue
 Eden Prairie, MN 55344
www.giftofhearingfoundation.org
 Eligibility: call HEAR NOW at 1-800-328-8602

This nonprofit provides hearing testing and amplification in missions all over the world, including the USA. The Hearing Foundation provides over 20,000 hearing aids per year as a united hearing care team. Income guidelines and an asset test apply, but all applicants are encouraged to call regarding eligibility. Starkey provides the hearing aids.

The Gift of Hearing Foundation is a nonprofit corporation dedicated to increasing access to and awareness of cochlear implant (CI) surgery. The Foundation also publicizes and supports areas of research and legislation that can impact both the cost and awareness factors. (Related to the Hear Now program listed previously, but this foundation is international in scope.)

H.E.A.R. Project

Cory Portnuff
 4280 Hale Parkway, Denver, CO 80220
 303 751-2519 phone/fax
www.hearproject.org

A funding source for hearing aids, cochlear implants and related services for children with hearing loss and financial need in Colorado. The Project is intended to help families of low to middle income when insurance or Medicaid is not covering costs. The H.E.A.R. project can help with financial assistance for hearing aids, earmolds, repairs, batteries, testing and FMs. Supplies for cochlear implants are also covered. Each application is individually considered. There is a short form and a long form application, limited to \$300.00 and \$1600.00 (\$800 per ear) respectively. There is an age limit of 18 unless a child does not qualify for vocational rehabilitation, and then the age is 21.

H.E.A.R.S. (Hearing, Education and Assistance by Rocky Mountain Sertomans)

2125 E. LaSalle Street, L-32
 Colorado Springs, CO 80909
 Mon-Thurs 9-4 only 719-219-3402 or call 719-352-5124 (Cell) and leave your message with name, phone number & address anytime.

Continental Divide and South Colorado Ser-ToMa clubs and the local community support this

program providing hearing aids at reduced or no cost to qualified participants. The needy or low income generally qualify for a 100% discount. The sliding scale for discounts is determined by Labor Department income tables. H.E.A.R.S. may pay up to 100% for audiology, hearing aids, and molds (if needed). Applications available by mail or through Hands & Voices in Colorado Springs. While application approval is need-based, families and adults are encouraged to apply. Medical expenses are deducted from income for application purposes.

The HIKE Fund – Hearing Impaired Kids Endowment

Marilyn Hepp
(303) 986-6705
www.theHIKEFund.org

The Hike Fund provides hearing devices (hearing aids, cochlear implant processors, vibrotactile aids, BAHA devices and other durable equipment) for children between the ages of birth to twenty whose parents are financially unable to meet this need regardless of income. Funds are raised through Job's Daughters, and may take up to six months from the application to the receipt of funds. Checks are made payable to the vendor. There is no prescribed limit for grants; awards are based on the device prescribed and the family's letter of need. Other hearing devices may also be considered for funding with the appropriate documentation and letter of support.

Larimer County Hearing Aid Bank

Kim Miller
508 Princeton Rd., Ft. Collins, CO 80525
970 221-0743
larimerhab@gmail.com

A hearing aid bank for Larimer County residents provides reconditioned hearing aids at a low cost to approved applicants. An audiogram completed within one year must be provided by applicant. Approved applicants will be billed on a sliding fee basis. Applicants do not need to be US citizens. LCHAB also provides help with the repair of existing hearing aids and replacement earmolds.

Mandy Project

Cindy Greer, Mandy Project Coordinator
7629 CR 100, Hesperus, CO 81326
970 588-3386
Email: hcrdgreer@frontier.net
www.coloradogrango.org/mandy_project/index.html

The Mandy Project helps children with hearing loss to become productive citizens and provides assistance to families experiencing hardship due to a child's hearing loss. As many children will be helped as possible and as funds are available. Families may receive assistance with the costs of hearing aids, speech therapy, surgery or other related expenses. Funding is made to the provider and is generally ranges from \$500-\$750.00. The Mandy Project is sponsored by the Colorado State Grange and People Improving Community and Kids (PICK).

Miracle-Ear Children's Foundation

P.O. Box 59261, Minneapolis, MN 55459-0261
800 234-5422
www.miracle-ear.com/childrenrequest.aspx

The Miracle-Ear Children's Foundation, a national nonprofit organization, works in cooperation with local Miracle Ear Centers nationwide to provide free hearing aids, services, and support materials to children age 16 and under whose families do not qualify for public assistance, yet cannot cover the expense of hearing aids.

Quota International

<http://quota.org>

Quota International is a nonprofit service club with a special focus on hearing, speech and language. The Children's Hearing Aid Program has recently expanded to include birth to age 23. Applicants should be either at 50% of the poverty level, or have hearing health needs that are not covered by insurance. There are local chapters in many areas of Colorado, including Fort Collins and Denver.

United Health Care Children's Foundation

www.uhccf.org, (952) 992-4459

This is a nonprofit dedicated to bridging the gaps for needs not covered by commercial insurance plans. Parents can apply for grants for any need (excluding experimental or alternative therapies) up to a lifetime limit of 7500.00. This is an online application only but has a "live chat" feature on the website or applicants are welcome to call.

CAN WE APPLY TO MORE THAN ONE ORGANIZATION?

Yes. Once you receive an award, it should be reported on future applications. If you receive more than you need, let the organization know you no longer need the funds. Consider the many costs associated with hearing aids: it is acceptable to seek assistance with frequent ear mold fittings needed as children grow rapidly, costs of batteries, travel, etc. Just be sure that your request is in line with the requirements of the granting organization.

OUTSIDE THE BOX IDEAS: WHERE DO YOU SHOP?

Consider where you and your family or your business or place of work “shops” as well. Perhaps the local GAP store where the manager knows you by name might consider a donation request. SerToMa clubs focus on speech and hearing. Many retail corporations have a donation program. Think about where you purchase items and explore if those businesses have a donation program. If you, your family, or friends have a connection with a local charity or business, determine if that business or charity would consider a request. You may also contact your local church, your employer, union, the hospital or audiology clinic, and the Health Care Program for Children with Special Needs in your county for other local ideas. It is not easy to ask for help. However, for someone to have the joy of giving, another person has to bravely let a need be known.

RAISING YOUR OWN FUNDS

Several amazing families have raised the entire amount or a majority of funds needed through multiple well organized garage sales, online auctions, and creative benefit events, particularly when they are insured but hearing aids or implants have been excluded from their benefit plan. Parents can negotiate for lower costs when paying out of pocket with hospitals, surgeons, and other providers as prices paid by insurance often reflect a percentage discount.

Keep track of your expenses for the next year’s tax forms. One parent reported that she then was refunded all of her federal income tax for that tax year due to the high out of pocket medical costs for bilateral cochlear implants, so she was glad she kept good records. Parents can be incredibly resourceful when their children have a need!

“I had one family where the grandfather was a member of Harley-Davidson Club. The bikers organized a ride and raised all of the money needed.”

“I knew a mom who worked for a medical practice. The owners were so embarrassed that their insurance did not cover hearing aids that the docs raised the money themselves to cover them. (This was before our legislation passed in Colorado.)”

NATIONAL RESOURCES

Advanced Bionics, LLC 28515 Westinghouse Place Valencia, CA 91355

(877) 829-0026; (800) 678-3575 (tty)
www.advancedbionics.com

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
(202) 337-5220; (202) 337-5221(tty)
Email: info@agbell.org
<http://nc.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

11730 Plaza America Drive, Suite 300
Reston, VA 20190
(800) 222-2336 (v/tty)
Email: infoaud@audiology.org
www.audiology.org

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

American Society for Deaf Children

800 Florida Avenue NE
Washington, DC 20002
(717) 334-7922
(800) 942-2732(v/tty)
Email: asdc@deafchildren.org
www.deafchildren.org

Prints the Endeavor & provides parent support, especially for information regarding the use of American Sign Language.

American Speech-Language-Hearing Association

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

(301) 296-5650 (tty)

Email: actioncenter@asha.org
www.asha.org

Professional organization for speech language pathologists & audiologists; provides information on communication disorders

Beginnings For Parents Of Children Who Are Deaf Or Hard Of Hearing, Inc.

PO Box 17646
Raleigh, NC 27619
(919) 715-4092 (v/tty)
Email: raleigh@ncbegin.org
www.ncbegin.org

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

Better Hearing Institute

1444 I Street, NW, Suite 700
Washington, DC 20005
(202) 449-1100
Email: mail@betterhearing.org
www.betterhearing.org

Non-Profit organization. Provides information concerning hearing loss and hearing aids and where to go for help.

Brendan B. McGinnis Congenital CMV Foundation

PO Box 45405
Omaha, Nebraska 68145-0405
www.cmvfoundation.org

Raising public awareness about congenital CMV, links to publications, videos, networking with other families

Boystown National Research Hospital

Center for Childhood Deafness
425 North 30th Street
Omaha, NE 68131
(402) 452-5000
www.boystownhospital.org/hearingloss
www.babyhearing.org

Clinical and research programs focusing on childhood deafness, visual impairment and related communication disorders; national medical programs instituted in hospitals and clinics across the country

Center for Early Intervention on Deafness

1035 Grayson Street
 Berkeley, CA 94710
 (510) 848.4800
 (510) 848.5686 (tty)
 Email: info@ceid.org
www.ceid.org

A model early intervention program for babies and young children who have hearing impairments and severe speech and language delays.

Central Institute for the Deaf

825 South Taylor Avenue
 St. Louis, Missouri 63110
 (877) 444-4574; (314) 977-0037 (tty)
www.cid.edu

Research, information, and resources about deafness.

CNI Center for Hearing

701 East Hampden Ave Suite 415
 Englewood, CO 80113
 (303) 806-7416
 Email: jstucky@thecni.org
www.TheCNI.org/hearing

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, and more.

Cochlear Americas

13059 E. Peakview Avenue
 Centennial, CO 80111
 (800) 523-5798 (v/tdd)
 Email: community@cochlear.com
www.cochlearamericas.com

For parents who are considering a cochlear implant for their child and would like more information.

Cochlear Implant Awareness Foundation

3109 Beaver Creek Lane
 Springfield, Illinois 62712
 (800) 795-0824
www.ciafonline.org

CIAF's mission is to provide information, resources, and support to prospective cochlear implant recipients and their families..

Global Coalition of Parents of Children who are Deaf and Hard of Hearing

Email: gpodhh2010@gmail.com
www.gpodhh.com

(GPOD) is an international collaboration of parent

groups dedicated to promoting improved systemic protocols and practices which encourage informed choice and the empowerment of families with a deaf or hard of hearing child throughout the world.

Hands & Voices

PO Box 3093, Boulder, CO 80307
 (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
 (301) 657-2248
www.hearingloss.org

HLAA provides assistance and resources for people with hearing loss and their families to learn how to adjust to living with hearing loss

House Ear Institute

2100 West Third Street, Fifth Floor
 Los Angeles, CA. 90057
 (213) 483-4431 (v) (213) 484-2642 (tty)
 Email: info@hei.org
www.hei.org

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

Info to Go

Laurent Clerc National Deaf Education Center-Gallaudet University
 (202) 651-5051 (v) (202) 651-5052(tty)
 (202) 651-5198 (Espanol)
 Email: clerc.center@gallaudet.edu
www.gallaudet.edu/clerc_center/information_and_resources/info_to_go.html

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 Center on Deafness and the Arts through Education (ICODA)

614 Anthony Trail

Northbrook, IL 60062

(847) 509-8260

(847) 509-8257 (tty)

info@icodaarts.org

www.icodaarts.org

The primary mission of ICODA is to educate, enrich and empower Deaf, Hard of Hearing, Hearing children and adults through the provision of quality artistic and educational experiences.

International Hearing Dog, Inc.

5901 East 89th Ave.

Henderson CO 80640

(303) 287-3277 (v/tdd)

www.ihdi.org

Hearing dog training and placement

Intertribal Deaf Council

Sacred Circle

PO Box 13051

Salem, OR 97309

www.deafnative.com

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.jtc.org

(213) 748-5481; www.clinicajohntracy.org (Espanol)

Free online courses for parents, geared for children birth to five years, materials on: Building language, Developing speech, Enjoying learning

The Marion Downs Hearing Center at the University of Colorado Hospital

“Communication for a Lifetime”

1793 Quentin Street, Aurora, CO 80045

(720) 848-3042

www.mariondowns.com

Specializing in direct clinical services including audiology, otology, genetics, speech/language and a multidisciplinary clinic. Clinical support includes newborn hearing screening and follow-up, complete pediatric diagnostic assessment, hearing aid dispensing and follow-up, cochlear implant consultations and follow-up, auditory processing evaluations, vestibular assessment, speech-language assessment and therapy, medical assessment and treatment, and genetic testing and counseling. Also provides parent support, consumer advocacy, a summer preschool, a teen program,

sign language classes and research and education.

MED-EL

2511 Old Cornwallis Rd Ste. 100

Durham, North Carolina

(888) 633-3524

www.medel.com

For parents who are considering a cochlear implant for their child and would like more information.

National Association of the Deaf

8630 Fenton Street, Suite 820

Silver Spring, MD 20910

(301) 587-1789(tty)

(301) 587-1788 (v/vp)

www.nad.org

A consumer advocacy organization for the deaf established in 1880; membership, resources, and publications available

The National Center on Severe and Sensory Disabilities (NCSSD)

University of Northern Colorado

Campus Box 146

Greeley, CO 80639

Email: ncssd@unco.edu

www.unco.edu/ncssd/

NCSSD is a university-supported 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 NCSSD 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

5619 McLean Drive

Bethesda, MD 20814-1021

(800) 459-3529

Email: info@cuedspeech.org

www.cuedspeech.org

For general information & to get local contacts on Cueing.

National Deaf Education Project

Lawrence M. Siegel, Director

Email: info@ndepnow.org or parentadvocate@hand-sandvoices.org

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, Inc.

c/o Sharon White, Secretary

P.O. Box 32

Frankfort, KY 40602

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)

2615 Old Main Hill

Logan, Utah 84322

(435) 797-3584

www.infanthearing.org

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 Council of Hispano Deaf and Hard of Hearing

P.O. Box 90927

Washington, D.C. 20090

www.nchdhh.org/

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

National Institute on Deafness and Other Communication Disorders

National Institutes of Health

31 Center Drive, MSC 2320

Bethesda, MD USA 20892-2320

E-mail: nidcdinfo@nidcd.nih.gov

Conducts and supports biomedical and behavioral research and research training in the normal and disordered processes of hearing, balance, smell, taste, voice, speech, and language

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

(562) 430-1467 (v/tty)

Email: seecenter@seecenter.org

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

(435) 797-5584 (TTY)

Email: skihi@cc.usu.edu

www.skihi.org

Early Intervention Curriculum for children with Hearing loss.

Starkey Hearing Foundation

6700 Washington Ave South

Eden Prairie, MN 55344

(866) 354-3254

www.starkeyhearingfoundation.org

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

RECOMMENDED “STARTING OUT” WEBSITES

www.handsandvoices.org

www.agbell.org

www.asha.org

www.nad.org

www.cdc.gov/ncbddd/hearingloss/index.html

www.deafchildren.org

www.mariondownshearingcenter.org

www.ndepnow.org

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

ASLpro

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

Free reference and learning tools to enhance in-classroom learning for ASL Educators and their Students

Beach Center: Family Resources

www.beachcenter.org

Butte Publications

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

Publishes educational materials for students who are deaf/hard of hearing, their teachers, parents and professionals in the field

California State University Northridge

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

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

Centers for Disease Control and Prevention

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

Information on types of hearing loss, treatment services, and resources; includes free parent guide to hearing loss, fact sheets, questions for professionals, communication choices, genetic information

Classroom Interpreting

www.classroominterpreting.org

An informative website about classroom interpreting

Deaf Linx Deaf Education Options Guide

www.deaflinx.com/DeafEd/OptionsGuide/Intro.html

Explanation of language and educational options for families.

Hearing Health Magazine

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

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

KidSource OnLine

www.kidsource.com

Link to “What is Early Intervention?”, discussion area for parents.

Listen Up (archived)

<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

NICHY

<http://nichcy.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.

Sign2me

<http://sign2me.com/index.php>

Benefits of teaching sign language to babies

Speechreading

<http://mambo.ucsc.edu/psl/lipr.html>

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

SERVICE CLUBS THAT MAY SUPPORT PROGRAMS FOR SPEECH & HEARING

Business and Professional Women's Clubs, National Federation

1718 M Street, NW, #148
Washington, DC 20036
(202) 293-1100
www.bpwfoundation.org

Civitan International

PO Box 130744
Birmingham, AL 35213-0744
(800) CIVITAN
www.civitan.org

Lions Clubs International

300 West 22nd Street
Oak Brook, IL 60523
(630) 571-5466
www.lionsclub.org

Sertoma International

1912 East Myer Boulevard
Kansas City, MO 64132
(816) 333-8300
www.sertoma.org

Kiwanis International

3636 Woodview Place
Indianapolis, IN 46268-3196
(800) 549-2647
www.kiwanis.org

Pilot International

102 Preston Court
Macon, GA 31210-5768
(478) 477-1208

Quota International

We Share Foundation
1420 21st Street, N.W.
Washington, D.C. 20036
(202) 331-9694
www.quota.org

Rotary International

One Rotary Center
1560 Sherman Avenue
Evanston, IL 60201
(847) 866-3000
www.rotary.org

BOOKS

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

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

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

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

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.

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

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. Barnart

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

Good Morning Me! Eberlein, L., Stelford Publishing, Denver, (2006) Introduces your child to initial vowel/consonant combinations through entertaining repetition; www.soundsgreatseries.com

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)

How to Communicate with Infants before They Can Speak Garcia, Joseph(1999) www.harriscomm.com

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

IDEA as Amended in 2004 by Rud Rutherford Turnbull, Nancy Huerta, Matthew Stowe, Publication date June, 2005

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

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

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

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

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

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

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

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

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

The Silent Garden: Ogden, P.W., & Lipsett, 5. (1982) Understanding the hearing-impaired child. New York: St. Martin Press

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

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

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

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

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

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

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

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

VIDEOS

Described and Captioned Media Program

National Association of the Deaf
1447 E. Main Street
Spartanburg, SC 29307

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

Email: info@dcmp.org
www.dcmp.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 Toll-Free: (866) 422-0422 V/TTY in Colorado: (303) 492-6283 or download an order form at www.handsandvoices.org

American Culture: The Deaf Perspective.

(4 tapes) Available from the San Francisco Public Library, (415) 557-4400; (415) 557-4433 (TTY)
<http://sfpl.org/>

Building conversations

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

Computer-Assisted Note taking (CAN)

You see it-visual technologies for Deaf and Hard of Hearing People. Gallaudet University
<http://research.gallaudet.edu/Publications/#PUB16>

Come Sign with Us

Children can learn sign language from the popular activities featured in the best-selling book: Come sign with us" on videotape. Gallaudet University Press

<http://gupress.gallaudet.edu/2794.html>

Dreams Spoken Here

Available at www.oraldeafed.org

Early Intervention Illustrated Series: "The Home Team" and "The Art & Science of Home Visits."

To view these tapes, contact your Colorado Hearing Resource (CO-Hear) Coordinator. To purchase a copy, contact Boys Town Press or go to www.handsandvoices.org/resources/products.htm

Families with Deaf Children

(VHS) 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? (VHS) 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
<http://hopepubl.com/>

Loss and Found

A video from Hands & Voices that tells what to do if your baby did not pass the newborn hearing screen;
<http://handsandvoices.org/resources/video/index.htm>

One Mother's Story

Available by Modern Signs Press.
www.modernsignspress.com

Pathways to Language and Communication

A film that examines all communication choices without bias; from Beginnings, 919.715.4092

Read With Me Series

Brenda Schick and Mary Pat Moeller; Boystown Press
www.boystownpress.org

Sign Enhancers

Showing ASL use, (800) 767-4461
www.signenhancers.com

Sign With Me

Sign With Me Series – A family Sign Language Curriculum Boystown Press Brenda Schick and Mary Pat Moeller www.boystownpress.org

Teaching the Kids with High Tech Ears

Considerations for kids with cochlear implants in the classroom Seaver Creative Services,
Email: parentadvocate@handsandvoices.org;
available at
www.buttepublications.com or
www.handsandvoices.org/resources/products.htm

The Time is Now

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

We are Hands & Voices

A short video describing parent involvement and the Hands & Voices philosophy and organization.
Order through <http://handsandvoices.org/resources/products.htm>

TERMS AND DEFINITIONS

These definitions were adapted from numerous sources including the NASDSE (2006) Educational service guidelines, Meeting the Needs of Students who are Deaf or Hard of Hearing, the Comprehensive Dictionary of Audiology (2003) by Brad Stach, and the 2008/2009 Colorado Resource Guide for Families who Have Children who are D/HH by Colorado Families for Hands & Voices.

ABR/AUDITORY BRAINSTEM RESPONSE:

A non-invasive test that measures the hearing potential of the auditory nerve from the cochlea through the brainstem; responses are evoked from an auditory stimulus and are measured in five to seven waveform peaks. The automated version is used for infant hearing screening. A sleep state or sedation is required for infants and toddlers. This test may also be referred to as BAER (Brainstem Auditory Evoked Response) and BSER (Brainstem Evoked Response).

ACOUSTICS:

Pertaining to sound, the sense of hearing or the science of sound. Often used to refer to the quality (noise and reverberation levels) of the sound environment such as classroom acoustics.

ACQUIRED HEARING LOSS:

Hearing loss which develops after birth. Sometimes referred to as adventitious loss.

ADVOCACY:

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:

The background noise in an environment which usually competes with the primary 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 more effectively. These include personal hearing instruments, frequency modulation (FM) systems, infrared, special connectivity devices for telephone, television, computer use, and amplified or visual alarms and signals. These

devices may also be referred to as hearing assistance technology (HAT).

ATONAL:

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

AUDITORY STEADY STATE RESPONSE (ASSR):

Like the ABR, the ASSR is a measure of the brainstem's responses to particular auditory stimuli. This non-invasive, test is usually administered while the child is sleeping. ASSR technology offers the audiologist an additional method to determine your child's hearing across different frequencies. The equipment has higher upper limits than traditional ABR 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:

An evaluation of hearing ability that is minimally comprised of pure-tone thresholds and speech and word recognition measurements to determine the type and degree of hearing loss. Additional measures such as acoustic immittance, acoustic reflex, otoacoustic emissions, speech-in-noise, and procedures to identify the need for amplification or verify the fitting of amplification are included as needed.

AUDIOLOGIST:

A person who holds a degree in audiology and is a specialist in the assessment of hearing ability and providing habilitation services to persons with hearing loss. Audiologists who specialize with children and youth in school placements are identified as educational audiologists. Audiologists may be certified by either The American Speech-Language-Hearing Association or the American Board of Audiology. Most states require audiologists to be licensed in the state they practice.

AUDITORY NEUROPATHY/DYSYNCHRONY:

An auditory disorder that disrupts the synchronous activity of the hearing system. There is high variability in individual effects with most common complaint of

hearing sounds but not comprehending what is heard; hearing ranges from normal to severe hearing loss and some improve over time. Treatment also varies.

AUDITORY PROCESSING DISORDER:

Hearing acuity is normal but the ability to process and understand what is heard is affected; listening in background noise is a common symptom. There is significant variability from mild listening problems to auditory processing disorders. Some improve with age. Treatment may be similar to those with hearing loss. Most problems are diagnosed at about seven to eight years of age.

AUDITORY TRAINING:

The process of training a person's residual hearing and listening skills to recognize, identify, and interpret sound. Training is usually provided by a speech language therapist or audiologist.

AURAL HABILITATION/REHABILITATION:

Treatment designed to help persons with hearing loss make productive use of their residual hearing. Sometimes includes training in speech reading and communication strategies.

BEHAVIORAL OBSERVATION AUDIOMETRY:

An audiologist assesses a young child's behavioral response to sound by observation. This method must be accompanied by physiological measures (e.g., ABR, OAE) to diagnose hearing loss.

BILINGUAL/BICULTURAL:

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

BILATERAL HEARING LOSS

A hearing loss in both ears.

BINAURAL HEARING AIDS:

Hearing aids worn on both ears.

BONE CONDUCTION:

Sound is delivered 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:

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 "rehabilitation". 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 qualified candidate adults and children starting at age 12 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 from 18 months to 48 months of age.

CONDUCTIVE HEARING LOSS:

Impairment of hearing due to failure of sound to reach the inner ear through the normal air conduction of the outer and middle ear. In children, conductive loss is typically medically correctable, and is most often associated with Otitis Media. Some children will have permanent conductive hearing loss due to structural abnormalities of the ear such as an absent canal opening (atresia) or as a result of chronic middle ear disease.

CONGENITAL HEARING LOSS:

Hearing loss present at birth or associated with the birth process.

CUED SPEECH:

A mode of communication using the mouth and hand to visually distinguish the phonemes of English spoken language. There are 8 handshapes (cues) indicating groups of consonants and 4 positions around the face indicating vowel sounds.

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, Deaf applies to

those whose primary receptive channel of communication is visual.

DEAF-BLINDNESS:

Hearing loss and visual impairments of any degree occurring together.

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.

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.

EARMOLD:

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

EDUCATIONAL INTERPRETER:

A professional member of the educational team who is fluent in the languages used by deaf and hard of hearing children; most states require special certification to work in schools.

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) as a result of that condition.

ENT:

A medical doctor, who specializes in the treatment of problems of the ears, nose and throat. Sometimes referred to as an otolaryngologist, otologist. (See otologist.)

FINGERSPELLING:

Finger spelling is a standardized series of handshapes for each letter of the alphabet that are used to form

words. Fingerspelling is often used when there is no sign for a particular word.

FM SYSTEM:

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

FREQUENCY:

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

FUNCTIONAL GAIN:

The decibel difference between unaided and aided hearing sensitivity thresholds. For example, a child with unaided hearing at 70 dB who, when amplified, hears at 30dB, is experiencing a gain of 40 dB. Functional gain measures should only be used with speech tests due to hearing aid signal processing circuitry.

GENETIC COUNSELING:

Provides genetic diagnosis and guidance for individuals with birth defect/genetic disorders including recurrence risk information for individuals with hearing loss and their families.

HARD OF HEARING:

A hearing loss that is mild to severe. This term is preferred over "hearing impaired" by the Deaf and hard of hearing community when referring to individuals who have hearing loss, but also have and use residual hearing.

HEARING AID:

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

HEARING SCREENING:

An audiometric procedure to identify the ability to hear selected frequencies at an intensity above normal hearing. The purpose is to identify individuals with potential hearing loss, with minimal time expenditure, and to refer them for further testing.

HEARING IMPAIRED:

Applies to individuals with any degree of hearing loss, including deafness. This term is not acceptable to deaf and hard of hearing persons because it implies that the person is "impaired".

HEARING LOSS:

Types of hearing loss are described individually throughout this glossary. (See acquired hearing loss, auditory neuropathy/dysynchrony, auditory processing disorder, bilateral hearing loss, conductive hearing loss, congenital hearing loss, deaf, hard of hearing, mixed hearing loss, sensorineural, unilateral hearing loss.)

Hearing levels are typically characterized as follows:

Normal Hearing	0 dB to 15 dB
Minimal Loss	16 dB to 25dB
Mild Loss	26 dB to 40 dB
Moderate	41 dB to 55 dB
Moderate/Severe	56 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 (see Part B)of IDEA provides educational mandates for students three years of age through high school graduation or who age-out of the system at 21 years. The 2004 Reauthorization of this law is also known as the Individuals with Disabilities Education Improvement Act.

INCLUSION:

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

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 de-

veloped by parents or guardians with input from a multi disciplinary team. (See 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 address "special factors" under IDEA (34CFR300.324(2)(iv) requiring the IEP team to consider 1) communication and language needs of the child, 2) opportunities for direct communications with peers and professional personnel in the child's language and communication mode, 3) academic level, 4) full range of needs, 5) opportunities for direct instruction in the child's language and communication mode, and 6) need for assistive technology.

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 transliterator.

INTONATION:

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

LEAST RESTRICTIVE ENVIRONMENT (LRE):

A basic principle of IDEA which requires public schools and 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 selected general education classrooms, for some parts of the school day, based on the student's IEP. This placement decision was rooted in the philosophy that children with "disabilities" should be integrated with their non-disabled peers when appropriate to the needs of the

child with a disability. The term differs from inclusion in that inclusion implies that the child is a member of the general education classroom and removed for services only when necessary as determined by the IEP.

MIXED HEARING LOSS:

A combination of conductive and sensorineural components that make up the hearing loss.

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:

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

NATIVE LANGUAGE:

The language of the home, e.g., 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 permanent loss.

OTOACOUSTIC EMISSION (OAE):

The OAE is a soft sound that is produced by the normal functioning cochlea. The OAE test verifies cochlear function without participation of the child. The procedure is quick and a routine part of assessment for infants and young children suspected of having hearing loss; automated versions are used for infant screening. The test consists of a probe placed in the ear canal that emits an auditory signal and measures the resulting response of the auditory nerve. There are 2 types of OAE tests: transient (TEOAE) and distortion product (DPOAE). OAEs are primarily used to diagnoses sensorineural hearing

loss but also provide information about the conductivity of the middle ear system.

OTOLOGIST:

A physician who specializes in medical problems of the ear. (See ENT.)

OUTPUT-ACOUSTIC:

Refers to how much sound is being put out by a hearing aid or amplification system.

PARENT-INFANT PROGRAM:

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

PART C:

Part C is the section of IDEA that refers to diagnostic and 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 IDEA that refers to special education and support 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:

A series of measurements that address the actual output of the hearing aid in the ear canal. These measurements are obtained using a probe-microphone that is placed into the ear canal along with the hearing aid and ear mold fitted in place. They assess how effectively sound is actually being amplified by the hearing aids in the ear. Real ear measurements are considered a very important aspect of hearing aid fitting and verification because everyone's ear canals are shaped differently which effects how a hearing aid functions.

RELAY TELEPHONE SERVICES:

Relay Telephone Service/Relay Network. A service which involves an operator "relaying" conversation

between a video phone (via sign language) or TDD/TTY (via text) 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 of a person with hearing loss.

SEMANTICS:

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

SENSORINEURAL:

A type of hearing impairment caused by a disorder of the inner ear (cochlea) and/or hearing nerve. Sensorineural hearing loss is usually irreversible.

SIGN LANGUAGE:

A visual representation of language that is based on the grammatical structure of English or American Sign Language which has its own grammatical rules.

SOUND FIELD SYSTEM:

Hearing assistance technology that disperses the speaker's voice to the audience, usually a classroom. The system includes a microphone worn by the speaker and strategically placed speakers. These systems are beneficial to all listeners.

SPEECH RECEPTION THRESHOLD (SRT):

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

SPEECH - LANGUAGE PATHOLOGIST:

A professional who works with individuals who have speech and language disorders.

SPEECH AWARENESS THRESHOLD (SAT):

This is the lowest (softest) level at which speech is audible to an individual.

SPEECH INTELLIGIBILITY:

The ability to be understood when using speech.

SPEECH ZONE (SPEECH BANANA):

The area on the audiogram where most conversational sounds of spoken language occur. Sometimes called the "speech banana" because of the shape this area depicts on the graph. One purpose of 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 topi-

cal 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 hearing instrument that produces 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 deaf and hard of hearing persons to communicate via a text telephone system. This term appears in ADA regulations and legislation.

TYMPANOGRAM:

A graph of middle ear immittance based on varying air pressure. A test of acoustic immittance tells how the ear canal, eardrum, Eustachian tube, and middle ear bones are working. It is not a hearing test.

UNILATERAL HEARING LOSS:

A hearing loss in one ear.

VISUAL PHONICS:

A multisensory technique for teaching phonics to deaf and hard of hearing children using tactile, kinesthetic, visual and auditory feedback. The system consists of 45 hand cues and written symbols that help children make the connections between written and spoken language.

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 respond to sound using a toy that lights each time he or she hears the sound as reinforcement; used with young children.