

SOUND STEPS

Hawaii State Resource Guide for Families of Children with Hearing Loss



Hawaii State Department of Health
Early Intervention Section
Baby HEARS-Hawaii Project



Dear Family,

Now that you've learned your child has a hearing loss, you may have many questions. **"Sound Steps: The Resource Guide for Families of Children with Hearing Loss"** was written to answer many of your questions and provide you with basic information about your options.

Included are several different sections that will talk about hearing loss, hearing tests, services that may be available to you and how early intervention can support your child's communication and language development.

The appendices include organizations, websites and resources. We hope you will find them useful as your family takes **"sound steps"** toward helping your child learn and grow.

Sincerely,

Hawaii State Department of Health
Early Intervention Section
Baby HEARS-Hawaii Project



"We are truly thankful to the Newborn Hearing Screening program and the Early Intervention program for the services that you provide."

~Mother of a 14 month-old-boy who is deaf

Thank you to Sue Brown, Tammy Bopp, Louella Christensen, and Adam Barron for reviewing the numerous drafts of the guide. Thank you to the families who allowed us to share your pictures and your words of inspiration. Together we can make a difference in the lives of families of children with hearing loss.

Aloha, Chelsea Courtney

Supported in part by project H61 MC 00038 from the Maternal Child Health Bureau (Title V, Social Security Act), Health Resources and Services Administration, Department of Health and Human Services.

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I. HEARING LOSS AND HEARING TESTS

How do I know my child has a hearing loss?



Did you know that each year about 60 babies born in Hawaii are found to have a hearing loss? We know this to be true because Hawaii's **Newborn Hearing Screening Program** checks babies for hearing loss before they even leave the hospital.

All babies have a **hearing screening** performed shortly after birth. When a baby doesn't pass, a **second hearing screening** is given.

If your baby doesn't pass the second hearing screening, your baby will be referred to an **audiologist for an evaluation**.

An audiologist is a hearing specialist. Your audiologist can identify how well your child hears.



“Parents of newly diagnosed children need to know that this time is a phase that will pass. They need to know their persistence will pay off and life will get better.”

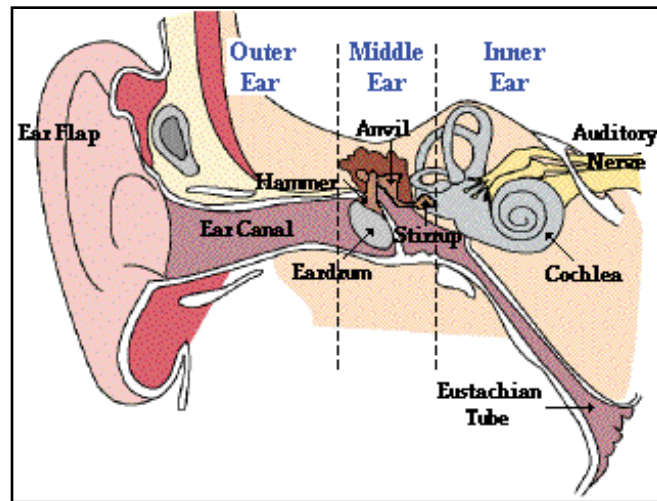
~Father of a profoundly deaf child

Here is a list of some conditions that are sometimes associated with hearing loss before or after birth:

- Family genetic predisposition
- Exposure to infection before birth
- Certain conditions associated with hearing loss (e.g., neurological disorder)
- Head, face, or ears shaped or formed in a different way than usual
- Jaundice (hyperbilirubinemia) or yellowing of the skin at birth
- Injury to the head (requiring medical care)
- Ear infections with fluid that lasts a long time (e.g. Otitis Media)
- Bacterial Meningitis
- Medicines that are *ototoxic*, or damaging to the ear

How does the ear work?

The ear is divided into three main sections: **outer ear**, **middle ear**, and **inner ear**. Sound passes through these sections of the ear by way of an **auditory nerve**. The auditory nerve creates impulses that are carried to the brain. The brain interprets sound and tells us what we are hearing. It tells us if we hear music, noise, a voice or other sounds. Sound must travel naturally through these sections in order for us to hear or interpret sound normally.



The Outer Ear is the part we see which includes the ear-flap and the ear canal. Sound enters the hearing system through the ear-flap, travels through the ear canal and then hits the eardrum, also called the tympanic membrane.

The Middle Ear contains the eardrum and three tiny bones called the malleus, incus and stapes. These are also referred to as the hammer, anvil and stirrup. These bones form a small bridge that hangs across the middle ear space and vibrates when sound hits the eardrum. The eustachian tube opens and closes to equalize air in the middle ear so that vibration can occur easily. As sound leaves the middle ear, the stirrup pushes on a membrane connected to the cochlea of the inner ear.

The Inner Ear is made up of a snail-shaped structure, called the cochlea, which is filled with fluid and lined with millions of tiny hairs. At the base of each hair cell is a nerve cell. When the hairs move, the nerve cells are stimulated and send an electrical impulse through the auditory nerve to the brain. The cochlea also connects to the semi-circular canals that control balance.

The Auditory Nerve sends electrical impulses to the brain where sound is interpreted. The auditory nerve is also referred to as the brainstem.

What are the different types of hearing tests?

Here are some of the most common hearing tests used with young children. These tests are different from the screenings completed shortly after birth.



All of these tests can be done before your child is three months old.

Types of Hearing Tests

Auditory Brainstem Response (ABR)

The ABR measures the response of the hearing system to sound. Electrode sensors are taped to your child's head to measure responses of the auditory nerve. Brainstem responses are measured in the form of waves on a graph. For testing purposes, the infant must be quiet, sleeping, or if necessary, sedated. An ABR is performed shortly after birth for children with conditions known to cause hearing loss, such as low birth weight.



Otoacoustic Emissions (OAE)

This test measures the response of the sensory cells in the cochlea to sound. A soft click is presented through a small probe placed in your child's ear canal. The probe measures an echo that is returned from your child's cochlea. The absence of an echo (an otoacoustic emission) indicates hearing loss.

Tympanometry

This test is used to measure how the middle ear sends sound to the inner ear. Tympanometry checks the status of the eardrum and the middle ear system. It can determine middle ear pressure, eardrum mobility, eustachian tube function, and mobility of the middle ear bones. Abnormal results suggest your child may have a medically treatable condition, such as fluid in the ear or an ear infection.

How can I help my child prepare for a hearing test?

Children with hearing loss often visit an audiologist for a **Pediatric Audiological Evaluation (PAE)**. This evaluation tests your child's usable hearing. PAE's can be administered for your child as early as 6 months of age.

Tips to help you and your child prepare for a PAE

- 👂 Encourage your child to respond when he/she hears music by dancing, smiling or pointing to your ear. This will help your child learn to listen with meaning.
- 👂 Take turns listening to headphones with your child.
- 👂 Practice finding sounds around the house. Create a game of "I hear it!" This game can be played with common household sounds (such as the phone ringing or Daddy's car). Praise your child for finding the sound source.



“She likes to listen to headphones and it helps her in the soundproof room.”

~Reyna, mother of Aleyna, 16 months old, who has a unilateral hearing loss

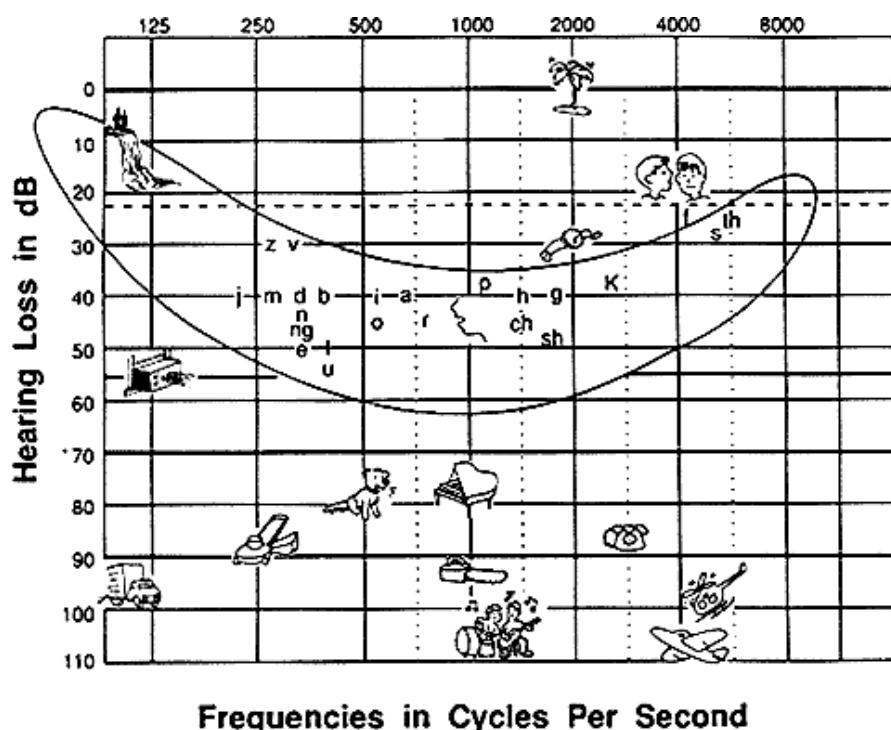
Types of PAE's

- **Visual Response Audiometry (VRA)** presents sound accompanied by a visual object (such as a light). Help your child learn to look at the visual object when he/she hears a sound.
- **Play Audiometry** uses a game-like atmosphere, such as having your child place a toy in a dollhouse when a sound is heard.
- **Conventional Audiometry** teaches your child to raise his/her hand when a sound is heard.

How is hearing measured?

During a PAE, the audiologist will prepare an **audiogram**. An audiogram is a graph that illustrates your child's usable or residual hearing. An audiogram charts hearing using two measurements.

- **Loudness is measured in decibels (dB):** Zero (0) dB is the softest sound that the normal ear can hear. Speech sounds range from 20 dB to 55 dB. For a normal hearing person, 90 dB is as loud as an airplane taking off.
- **Frequencies are measured in Hertz (Hz):** Frequency (pitch) is also shown on an audiogram. For example, many vowel sounds are "low" frequency sounds while the consonants "s", and "f" are "high" frequency sounds.

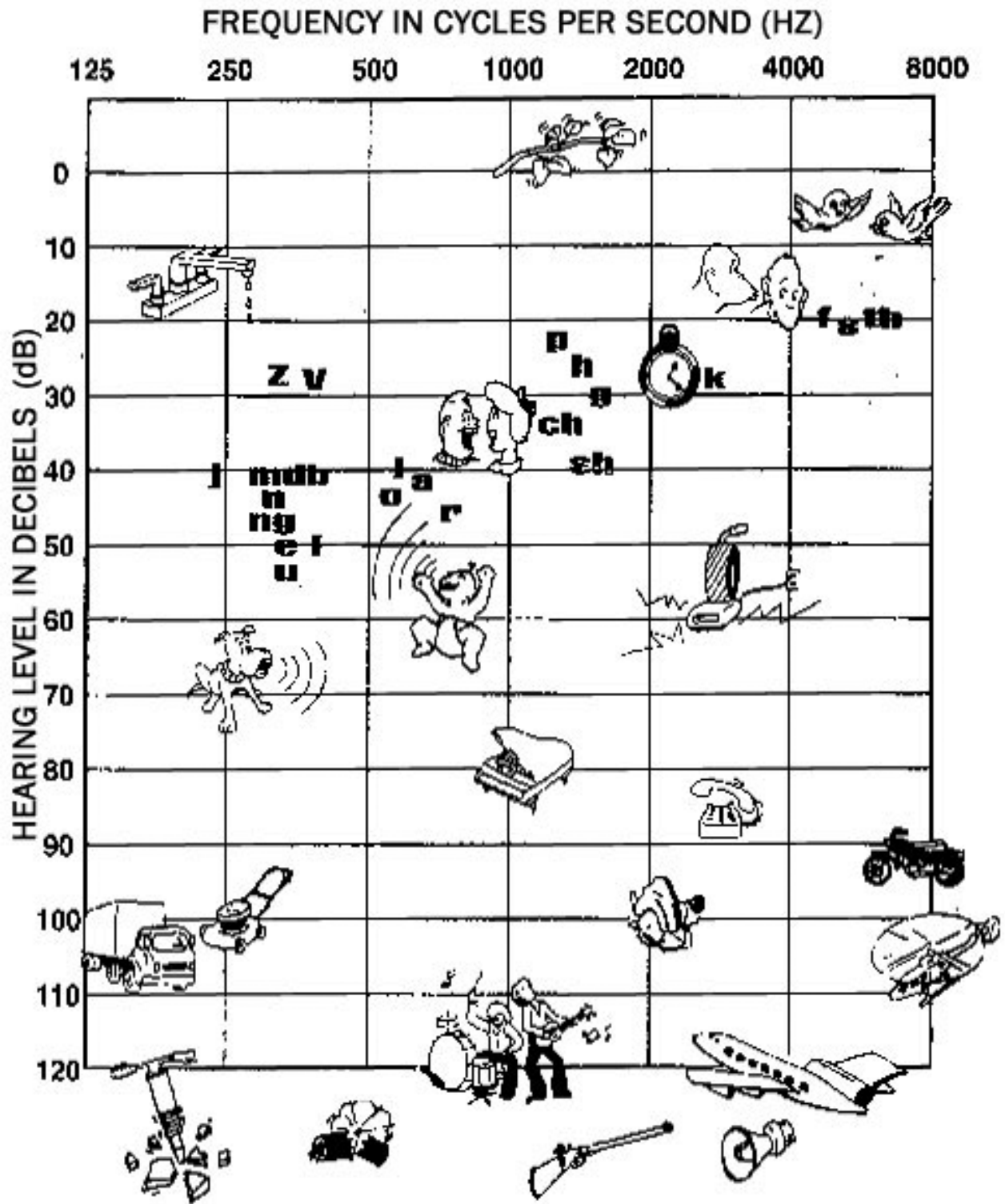


This graph is called the "Speech Banana". It shows where the sounds of speech are heard on an audiogram for a normal hearing person.



*The degree of hearing loss is known by finding the **hearing threshold**. The hearing threshold is the level of sound barely heard in the quiet testing environment.*

What can my child hear?



From the American Academy of Audiology

What are the different types of hearing loss?

Your child's type of hearing loss is identified by *where* in the ear there is a problem.



Research tells us that children who are diagnosed before six months and receive appropriate intervention develop language and communication skills close to or at the same rate as other children their age.

- ▶ **Conductive hearing loss** occurs when sound cannot enter the inner ear due to a problem in the **outer or middle ear**. Some causes of conductive hearing loss may include blockage, impacted wax, a hole in the eardrum, middle ear fluid, or repeated ear infections (Otitis Media).

- ▶ **Sensorineural hearing loss** involves damage to the nerve cells of the **inner ear**. Sensorineural hearing loss is permanent and may vary from mild to profound. Children with bilateral mild or moderate hearing loss typically require hearing aids to develop age appropriate spoken language skills. Children with a severe to profound sensorineural hearing loss in both ears should be fitted with hearing aids. Cochlear implants may be considered if there is limited benefit from hearing aids.

- ▶ **Mixed hearing loss** means both **conductive and sensorineural** hearing losses are present. For example, a child with both permanent sensorineural loss and an ear infection has a mixed hearing loss. A mixed hearing loss can range from mild to profound in degree.

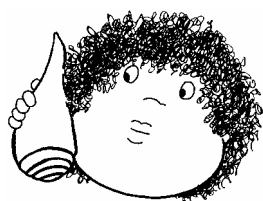
- ▶ **Permanent conductive hearing loss** results from scarring or a malformation to a part of the ear. A permanent conductive hearing loss can range in degree from mild to severe. This type of hearing loss may also refer to a condition that may not be improved through medical intervention, such as extensive scarring of the middle ear, middle ear bone fixation or congenital hearing loss associated with a syndrome.

What is a unilateral hearing loss?

A unilateral hearing loss means there is hearing loss in one ear. Whether the hearing loss is mild or profound, there are things you can do to help make listening easier for your child.

Strategies to help your child with a unilateral hearing loss:

- 👂 **Notice if you live in a noisy environment.** Make the house quiet so your child will hear you better.
- 👂 **Notice the distance** between you and your child when you communicate. Come closer when you want to talk to your child.
- 👂 Get your child's **attention before speaking.** Use gestures and keep your lips visible as much as possible.
- 👂 **Point out** environmental sounds (phones, cars, airplanes). It's difficult to find a sound source when you don't hear the same in each ear.



It's important for a child with unilateral hearing loss to maintain a healthy "good ear". This will prevent the hearing loss of the poorer ear from worsening.

Keep the ears healthy

- 👂 Note that babies can sometimes develop fluid in their ears from drinking their bottles lying down. **Hold your child on your lap in an upright position while giving them a bottle.**
- 👂 Have your child's **hearing tested** on a regular basis as recommended by your audiologist.
- 👂 If your child has an **ear infection**, go to your doctor right away. An ear infection may make it harder to hear in the good ear.
- 👂 Have a **speech and language assessment** every 3 to 6 months to check your child's language development.
- 👂

How much can my child hear?

Hearing loss can range from a mild to a profound degree. How much your child can hear depends on the degree of hearing loss and what decibel level your child can hear at the different frequencies. The following refer to bilateral hearing loss (in both ears).

Degree of Hearing Loss	Description
<p>Mild 21-40 dB</p>	<p>Children with a mild hearing loss may have difficulty hearing soft or distant speech. They can <u>miss up to 10% of speech</u> or more, in a noisy environment. Studies suggest that children with mild hearing loss may have difficulty in school without appropriate accommodations, such as an FM system or preferred seating. Hearing aids may be recommended.</p>
<p>Moderate 41-70 dB</p>	<p>Children with moderate hearing loss may <u>miss 50-100%</u> of speech without hearing aids. Hearing aids and intervention services can help support your child as he/she learns to hear and speak. Sign language is also known to augment speech, language and overall development.</p>
<p>Severe 71-90 dB</p>	<p>Children with severe hearing loss may <u>miss 100% of speech</u>. These children may <i>respond</i> to loud voices or environmental sounds, however they may not know what these sounds mean. Use of amplification (hearing aids or a cochlear implant) with aural training and/or sign language can greatly increase language development.</p>
<p>Profound 91 dB+</p>	<p>Children with profound hearing loss are usually <u>more aware of vibrations</u> than voice patterns. These children rely on vision as the primary avenue for communication and learning. Residual hearing with amplification may enhance speech development. Profoundly deaf children are potential candidates for cochlear implant. Use of sign language is also an option.</p>



Your child's ability to communicate can be improved greatly by introducing hearing aids and intervention as early as six months.

What should I do about a conductive hearing loss?

Many children experience a conductive hearing loss that is treatable with medical intervention. For children with a conductive hearing loss, follow-up with your child's doctor or ear, nose and throat physician (ENT) may be necessary. Here are some common examples of conductive hearing loss.

Foreign Object in the Ear: This is the most common cause of hearing loss. If you suspect your child has something lodged in their ear, you should seek advice from your child's pediatrician for removal of the object. The pediatrician may be able to remove the object or refer you to a specialist (often an ENT) who can. Never attempt to remove a foreign object on your own. Attempting to do this can lodge the object further into the ear or cause damage.

Malformation of the Outer Ear (Atresia): There are 3 categories of severity in atresia: mild, moderate, and severe. Basically, there may be no external opening and/or no ear canal. Atresia can occur in one ear (unilaterally) or both ears (bilaterally). Generally, the inner ear (or cochlea) is not affected because it is completely developed by the time the ear canal begins to form. The amplification device for children with atresia is called a "bone conduction hearing aid". If you feel your child may benefit from this type of hearing aid, see your audiologist for recommendations.

Earwax: Earwax can cause temporary hearing loss if not removed. Often continual follow up is needed if the condition persists. Children with small ear canals or special medical needs are more likely to have excessive earwax. If your child has excessive earwax, your pediatrician may offer special softening solutions

Small Ear Canal (Microtia): Some babies are born with small ear canals, which can cause a mild hearing loss. Follow up with your pediatrician, and ear, nose and throat physician (ENT) for medical assessment.

Punctured Ear Drum: A punctured (or perforated) eardrum is a small hole in the eardrum. Refer to your child's a pediatrician or ENT for recommendations.



A conductive loss may be treated with medication or surgery. You can have your child's hearing tested after medical intervention to know if your child's hearing has improved.

Are there any other types of hearing loss?

You may have some questions about additional types of hearing loss such as these listed below.



Auditory Neuropathy

Children with Auditory Neuropathy tend to have normal OAE results and abnormal or absent ABR results. An abnormal ABR result indicates a variation of neural patterns. This means that a child with AN may show no signs or problems with the structure of their ears, but they may have problems interpreting the meaning of sounds.

- It is recommended that parents seek advice from a variety of professionals including an audiologist, an ear, nose and throat physician, an educator, a speech language pathologist and experts in the field of AN. See the National Resources section of Appendix C for more resources on this topic.
- Sign language is typically recommended to supplement spoken language. Also, parents of children with the AN diagnosis have reported improvements from services with a speech language pathologist.

Progressive Hearing Loss

Progressive hearing loss means hearing will worsen over time. This type of hearing loss often runs in a family and affects members at a similar age. There are two types of progressive hearing loss, Dominant Progressive Hearing Loss (DPHL) and Presbycusis.

- DPHL occurs earlier in life and can show virtually no sign before it begins. Most persons with DPHL may first notice a loss in the high or low frequencies. Sometimes the hearing loss starts early in young children, while with others, the hearing loss may not occur until early or middle adulthood.
- Presbycusis occurs later in life, more often with men, and affects the person's ability to hear higher frequencies.



Some people may experience a change in their balance as their hearing loss progresses. This change in balance is called Vestibular Dysfunction and results from a change in the semi-circular canals within the middle ear. Genetics counseling may be helpful if you suspect someone in your family has DPHL.

II. LANGUAGE DEVELOPMENT

What about communication?

Parents of children with hearing loss, like all parents, want to communicate with their children. Research shows that **the first years of life are very important for learning language**. Research also shows that early communication helps your child develop positive self-esteem and life long language-learning abilities.



“I’m not so sure that how we communicated was as critical as that we communicated.”

~ Thomas, father of Brandon, age 19 months and profoundly deaf

When thinking about helping your child learn language, you may ask, “What is the best method for my child?” It’s important to remember that **NO single best method** has been proven effective for ALL children with hearing loss.

Questions to consider when selecting a communication method:



- *What are my family’s goals for our child?*
- *Is the entire family willing to use this method?*
- *Can this method be used consistently?*
- *Is my child progressing?*
- *Is this choice in the best interest of my child?*

How can I help my baby communicate?

Expressive language develops as a child begins to use words or gestures with meaning. Speech is only one form of expressive language; sign language is another. Natural gestures and facial expressions that show the desire to communicate are called “**communicative intent**”.

Research tells us that children with hearing loss who are praised and encouraged to gesture/sign with vocalizations develop speech more quickly. Research also suggests that these children have more positive relationships with their family and caregivers. Sign Language may also support cognitive and social development. Vocalizations reinforce the **total language experience**.

Children with hearing loss, who begin using amplification at 6 months of age and receive early intervention services, are more likely to acquire speech and language like other children their age.

Suggested Activities

- ✧ Imitate your child’s vocal patterns
- ✧ Make lots of eye-contact
- ✧ Play peek-a-boo
- ✧ Sing songs and exaggerate words
- ✧ Sing songs with gestures, like patty-cake
- ✧ Teach names of family members and pets
- ✧ Teach your child to wave bye-bye



We want him to be able to choose between speaking and signing.



~Laura and Steve, parents of William (left with normal hearing) and Alden (right, hard of hearing)

What are communication methods?

A communication method is an approach to help your child learn language and communication skills. Here is a brief description of communication methods used for children with hearing loss. Some professionals are trained in one method, while others may implement more than one method into their treatment.



When learning about the different styles of communication it's important to remember that you and your family know what's best for your child.

- **Auditory-Verbal or Aural-Oral Method**

The Auditory-Verbal method teaches children by developing their listening skills in order to optimize their residual (what is heard) hearing. Spoken language is taught through the use of personal amplification, such as hearing aids or a cochlear implant. Often, this method discourages the use of sign language.

- **Bilingual Method**

American Sign Language (ASL) is a fully developed language used within the Deaf community. It is the third most commonly used language in the United States. Through the bilingual approach, ASL is taught as the primary language. Spoken English is taught as a second language to support reading and writing.

- **Simultaneous Communication or Total Communication**

Simultaneous Communication, formally referred to as Total Communication, is a communication system that utilizes every, and all means to communicate. In addition to formal sign language, other strategies can include gesturing, speech reading, body language, oral speech, and amplification systems.

- **Cued Speech**

Cued Speech is a visual communication system of 8 hand shapes representing different sounds of speech. This system is designed to distinguish sounds that look the same on the lips (for example face and vase). An amplification system (e.g. hearing aids or FM System) is also encouraged with this system.

III. AMPLIFICATION DEVICES AND COCHLEAR IMPLANTS

What is a hearing aid?

A hearing aid is an external device that **amplifies sound** or **makes sound louder**. Hearing aids have a microphone that increases the loudness of sounds by a set volume. A “dispensing audiologist” can help you select the right type of hearing aid and fit it for your child.

***Behind-the-ear (BTE) hearing aids** are the most powerful. BTE’s are used by children under five years old because these hearing aids are the least difficult to misplace or break.*



“Since he got the hearing aids, we’ve noticed he responds to more sounds and listens a lot better.”

~Many families of children with hearing loss



A hearing aid CAN:

- 👂 Improve spoken communication with family and peers.
- 👂 Make *all* sounds in the environment louder.
- 👂 Improve speech and language development for many infants and toddlers with a hearing loss.

A hearing aid CANNOT:

- 👂 Cure a child’s hearing loss.
- 👂 Make only speech sounds louder, as all sounds become louder too.
- 👂 Make sounds clearer. (Characteristics of irregular patterns of hearing may not be corrected.)

It’s important to **closely monitor your child’s responses** with his/her new hearing aids. In case you feel your child is not benefiting from the hearing aid, you can report that to the “dispensing audiologist” to have adjustments made or explore other amplification options.

What are the types of hearing aids?

Different types of hearing aids amplify sound in different ways. The following is a list of some basic terms used to describe the types of hearing aids commonly used today.

1. **Conventional or standard (analog) hearing aids** increase the loudness of sounds electronically. The audiologist makes changes in the response of the aid by adjusting an external control.
2. **Programmable hearing aids** increase the loudness of a sound by converting the sound digitally. The audiologist adjusts the response of the aid via computer or hand-held programmer. Programs may be customized to fit the user's specific hearing needs. This increases flexibility in fitting frequency/(dB) range to accommodate changes in hearing over time.



3. **Digital hearing aids** also increase the loudness of sounds. The audiologist makes changes in the response of the aid by programming an internal microchip via a computer or hand-held programmer. The aid may have multiple channels that can be programmed for different frequencies and adjusted as needed. These hearing aids may come with a remote control to adjust the settings.

4. **Bone conduction hearing aids** are used by children with conductive hearing loss that haven't been medically or surgically treated. Bone conductors are used when the ear cannot accommodate a behind the ear (BTE) hearing aid. Sound is sent through a bone oscillator (vibrator), which lies against the head and is a part of the hearing aid. The aid is attached to a soft strap that is placed around the head or attached to a headpiece that is placed over the head.



“I wish someone had told me that a small percentage of deaf children cannot benefit from hearing aids, no matter how long they use them.”

~ John father of Kaheka, 4 years old and profoundly deaf

What is an FM System?

An FM system is a device that **amplifies sounds** and **can help a child hear speech** more clearly when there is background noise. Many digital hearing aids have special features designed to reduce background noise. An audiologist can make recommendations about whether an FM system is right for your child.

An FM System has:

- 1) A Microphone worn by the speaker
- 2) A Transmitter worn by the speaker
- 3) A Receiver worn by the child



“Without amplification, Ikaika didn’t respond to our voices. When we put the FM system on him, he turned to me when I called his name”

~Amanda, mother of Ikaika, a child who is hard of hearing

A personal FM system receiver can be a small box that clips onto the waist/belt or is set inside a harness. There are also styles that provide direct input into the child’s hearing aid through very small boxes that attach to the bottom of the hearing aids.



We recommend you talk with your audiologist to see if an FM system is right for your child. The early intervention program has a loaner bank of FM systems that you can borrow if recommended by your child’s audiologist.

What is a cochlear implant?



A cochlear implant (CI) is a surgically implanted electronic device designed to help individuals with hearing loss to hear. A cochlear implant cannot “make a deaf child a hearing child”. However, many children who are deaf and receive a cochlear implant learn to listen and speak through the use of the implant along with aural rehabilitation and speech therapy.

Is the entire device implanted?

There are internal and external components.

How a cochlear implant works:

A **microphone** is located on the behind-the-ear piece. The microphone picks up the sounds and changes it into an electrical current.

The electrical current goes down the **coil** to the sound processor (often a small box worn by the child).

The **sound processor** codes the information into “electric speech information”. This information is like a map for the brain to interpret or understand sound.

The electrical information goes to the coil that is held up magnetically to the head via the **implanted internal receiver**. Information then gets sent across the skin to the receiver.



The implanted receiver sends the signal to the electrodes in the **electrode array** that are implanted in the cochlea.

The electrode array sends the signal to the **brain** which then interprets the signals as “speech or non-speech sounds”.



For more information about the surgery and how a cochlear implant works; talk to your audiologist, ENT, and cochlear

Is my child a candidate for a cochlear implant?



Each Cochlear Implant Center has a process for determining if a child is a candidate for a cochlear implant. This section provides information about five important points to consider about your child and cochlear implant candidacy.

1. Hearing Loss

The FDA has approved implants for children with a bilateral profound hearing loss. Children with severe hearing loss who do not benefit from hearing aids may be considered candidates for a cochlear implant.

2. Age of child

In 2000, the Food and Drug Administration (FDA) approved cochlear implants for children as young as 12 months of age. However, in special circumstances children under the age of 12 months may be implanted. A common example is a child who developed a hearing loss shortly after birth.

3. Medical Conditions

A child must be able to complete the surgery with general anesthesia.

4. Developmental Conditions

Progress for children with a cochlear implant may be different for children who have additional developmental disabilities.

5. Minimal benefit from hearing aids

Children who do not benefit from hearing aids are frequently cochlear implant candidates. However, children who can benefit from hearing aids may also be considered as candidates for CI because they may benefit more from a cochlear implant. Although there is limited research available on this topic, it is possible that once the surgery is complete, any residual hearing (without the use of the implant) prior to surgery in the implanted ear may be destroyed.

What should I know about cochlear implants?

If your child is a cochlear implant (CI) candidate, you may be referred to a **cochlear implant team**. In addition to the FDA and your cochlear implant teams' requirements, you may want to consider the following before making a final decision. Learning about all your options can help during the decision-making process.

- **Have you talked to someone in the Deaf community?** The Deaf community has its own language, American Sign Language (ASL), and culture. Participating in the Deaf community is helpful for many families as they make a decision about getting a cochlear implant for their child.
- **How old is your child?** Older children can learn to improve their oral language skills. However, they may progress more slowly than children who receive an implant early in life. Results of several studies show that when children are implanted earlier in life, their chances of developing listening and speaking skills improve.
- **How long has your child had a profound hearing loss?** People who have had hearing at some point in their lives before losing their hearing report receiving greater benefit from cochlear implants. Research shows the more the auditory nerve has been stimulated, the easier it is for the person to learn auditory skills and spoken language.
- **Does your child also have a vision loss?** Children with hearing loss rely on vision to help with understanding spoken language. If your child has a vision loss, it may be most important that your child is able to use his or her residual hearing to the best of his/her potential.
- **Does your child use his/her hearing aid?** Children who have learned to use even a little residual hearing tend to make more progress more quickly than children who have not. Also, children who tolerate wearing a hearing aid tend to tolerate wearing a cochlear implant better than children who do not.
- **What does your family expect after your child receives the implant and is your family willing to make changes?** After your child receives the implant, following up with auditory training and speech therapy is essential.



“What works for you and your child is what makes the choice right.”

~Hand and Voices, Parent-to-Parent Support Organization

IV. EARLY INTERVENTION SERVICES

What is Early Intervention?

Early intervention (EI) services are provided to children from birth to age 3 with developmental delay(s) or who are at risk for delays because of biological or environmental concerns and their families. EI services can help your child develop to the best of their ability.



Most children are connected to EI services through the **Hawai'i Keiki Information Service System**, otherwise known as H-KISS, a free information and referral service of the Early Intervention Section of the Hawaii State Department of Health. Referrals to H-KISS come from a broad range of sources including pediatricians, hospitals, parents, and concerned friends. Other family members can contact H-KISS directly to help link their relatives to the services they need.

After you are referred to H-KISS, an H-KISS staff person will contact you to gather information about your family. You will then be referred to a **care coordinator (CC)**. Your care coordinator will help schedule a **comprehensive developmental evaluation (CDE)** for your child to identify any developmental or special needs in addition to hearing loss. Your care coordinator is your primary contact for questions and concerns and will coordinate the services to meet your child and families' needs.

If your child needs a hearing aid, be sure to tell your CC. Often times families choose to borrow a hearing aid from the "loaner bank". This may help determine what type of hearing aid works best for your child before buying one. Financial aid may be available to support the purchase of the hearing aid. Check with your CC for more information.

What is an Individualized Family Support Plan (IFSP)?

An **Individual Family Support Plan (IFSP)** is a written plan that identifies services to support your child's development and the needs of your family.



The IFSP process is **family-centered**. This means that family members, as primary care givers, are active team members and *key decision makers* in the IFSP process.

The IFSP is based on information from your child's CDE as well as from the concerns, resources and priorities of your family. It will list the services needed to support your child and family, including the role of each member of the IFSP team. Your **Care Coordinator** will explain the IFSP process and answer any additional questions.

Services for children who are deaf or hard of hearing may include; speech and language therapy, audiological evaluations, developmental therapy, and special education. Services for your family might include sign language classes, educational materials, and attendance at conferences or workshops. Discuss your concerns with your care coordinator to [help identify services that can benefit your entire family.](#)



Who may be on the IFSP Team?

Each person providing services to your family will be a part of your **Individualized Family Support Plan (IFSP) team**.

The following is a list of services, which, depending on your child's needs, may be a part of your IFSP:

Care Coordination (CC)

Speech and Language Therapy (SLP)

Physical Therapy (PT)

Occupational Therapy (OT)

Special Education

Education for the Deaf and Hard of Hearing

Aural Rehabilitation

Vision Specialist

Deaf-Blind Specialist

Sign Language Classes

Audiology

The following medical professionals may also be on your IFSP team:

Pediatrician

Ear Nose and Throat Physician (ENT)

Neurologist



What is transition and when does it happen?

Transition is the journey from your Early Intervention (EI) program to any program that serves children over the age of three. This journey begins before a child's third birthday. Your **IFSP** will include steps to support your child's transition. You will also have a Transition Conference to discuss options. The Department of Education (DOE) Preschool Education Program, Head Start, or a community preschool may be options.

Children with hearing loss who attend DOE preschool receive specialized services. These services are provided through an Individualized Education Plan (IEP). Your IEP team includes your child, family members, a regular education teacher, a special education teacher and other individuals who will support your child's education.

If the DOE is not an option, your IFSP team can offer support for other transition options such as Head Start or a community preschool.



With the help of my Early Intervention Team, I felt I had the backing and support needed to make Jackie's transition a success."

~Liann Seki, Mother of Jackie (left)

Who can help with transition?

The **Hawai'i Center for the Deaf and the Blind (HCDB)** has a specialized diagnostic team to evaluate children with hearing loss and/or vision loss. Your child may be referred to HCDB for evaluation(s) if hearing loss is your child's primary disability.

Each school district has an **itinerant teacher of the Deaf and Hard of Hearing**. You may want to request your district's itinerant teacher of the deaf and hard of hearing to attend your child's Transition Conference.



For more information, you can visit HCDB online at www.hcdb.k12.hi.us

APPENDIX A

“Top Five” Favorite Resources

1. **‘Ohana Time**

Ask your Care Coordinator to include you on the mailing list for “‘Ohana Time”, a parent-to-parent support and informational group on Oahu. “‘Ohana Time” is coordinated by the EI Educator of the Deaf.

2. **John Tracey Clinic**

Call 1-800-522-4582 V/TTY. Let them know your child has a hearing loss and you are interested in their correspondence course. Free of charge, they will send you specialized materials in the mail within a couple of weeks that focus on helping your child use his/her hearing and learn to speak.

3. **Hands and Voices**

www.Handsandvoices.org is a parent driven website, which means it’s easy to use and very informative. A Hands and Voices Chapter in Hawaii is being started. Look for more information on this website.

4. **Signing Time**

Signing Time is DVD series designed for parents learning sign language. If you want to learn some basic sign language, try www.signingtime.com. Their volume #1-6 of “Signing Time” is highly recommended by parents and professionals throughout the state.

5. **Parents in Paradise**

“Parents in Paradise” are parent-led, parent-focused support meeting for families with children who are deaf or hard of hearing on Oahu. Families on neighbor islands are encouraged to also get involved. Contact Amanda at 808-384-8936 or Kolohekai@hawaii.rr.com for more information.



APPENDIX B

Hawaii Organizations and Associations

Revised from Gallaudet University Regional Center by the Early Intervention Section with permission

ALOHA STATE ASSOCIATION OF THE DEAF (ASAD)

1833 Kalakaua Ave. ste 905, Honolulu, HI 96815

Phone: 946-7300 (V/TTY), FAX: 951-1050 Website: <http://asadhawaii.org>

President 2003-2005 term: Roy Balantac Jr

A non-profit association of and for Deaf citizens, ASAD sponsors the Miss Deaf Hawai'i Pageant and Kuli Senior Citizens Club, publishes the *Ka Po'e Kuli o Hawai'i* bimonthly newsletter, sponsors cultural and social events of interest to the Deaf Community, and holds a biennial statewide convention. ASAD is a state organization affiliated with the National Association of the Deaf.

AMERICAN SIGN LANGUAGE/INTERPRETER EDUCATION PROGRAM

Kapi'olani Community College, 4303 Diamond Head Road, Manono 116, Honolulu, HI 96816

Coordinator: Jan Fried, MS, CI/CT

Phone: 734-9154 (TTY/Voice), FAX: 734-9893 Email: jfried@hawaii.edu (please also cc Dale Peterson)

Program Assistant: Dale Peterson Email: dalep@hawaii.edu

An American Sign Language/English interpreter education program offering a variety of credit and non-credit courses in American Sign Language and the interpreting process. Provides training and continuing education opportunities to people interested in professional interpreting and offers customized in-service training to organizations employing or serving Deaf and hard-of-hearing people.

KCC also has 2 degree programs for Educational Interpreters and Educational Assistants.

For information about the *Educational Interpreters and Assistants (EIA) Project*

Website: <http://programs.kcc.hawaii.edu/~eia/>

ASSISTIVE TECHNOLOGY RESOURCE CENTERS OF HAWAII (ATRC) AND CAREER EXPLORATIONS OF HAWAII

414 Kuwili Street, Suite 104, Honolulu, HI 96817

Phone: 532-7110 (Oahu), 1-800-645-3007 (Neighbor Islands, toll-free), Fax: 532-7120

Email: atrc@atrc.org Website: www.atrc.org

Executive Director: Barbara Fischlowitz-Leong

A non-profit organization providing information, training, outreach, and policy development on assistive technology for persons with any type of disability. Operates assistive technology equipment loan banks on four islands. Provides low interest financial loans to purchase assistive technology devices and services.

**CITY & COUNTY OF HONOLULU DEPARTMENT OF COMMUNITY SERVICES
ELDERLY AFFAIRS**

715 S. King Street, Suite 200, Honolulu, HI 96813

Senior Information & Assistance Hot Line: 523-4545 FAX: 527-6895

Director: Karen Miyake, 523-4361

Lorraine Fay, *Hard of Hearing Coalition*

A support services organization that provides informational services in connection with the *Hard of Hearing Coalition*. Produces the “Guide to Better Hearing” with assistance from GTE Hawaiian Tel.

DEAF-BLIND SERVICES: Please see DHS--Services for the Blind Branch, Ho`opono

DEAF MENTAL HEALTH SERVICES

Licensed Clinical Social Worker: Roxanne Mie Tomita, LSW, DCSW

P.O. Box 26258, Honolulu, HI 96825 Voicemail: 372-3984

Licensed Social Worker: Scott O’Neil, LSW

P.O. Box 700201 Kapolei, HI 96709 Text/Numeric Pager: 382-3881

Offers Deaf and Hard of Hearing individuals comprehensive mental health treatment, sensitive to the culture and communication needs of the deaf community. Staff includes professionals who are fluent in American Sign Language.

DEAF NEWS HAWAII

DeafNewsHawaii@mac.com

DEPARTMENT OF EDUCATION (DOE)

HAWAII CENTER FOR THE DEAF AND THE BLIND (HCDB)

Administrator: Sydney Dickerson

3440 Le’ahi Avenue, Honolulu, HI 96815

Phone: 733-4999 (TTY/Voice), FAX: 733-4824.

HCDB provides: 1) diagnostic and prescriptive services and monitoring of the educational progress of all students in the State who are Deaf, hard-of-hearing, blind, or visually impaired; 2) technical assistance and training to DOE personnel; 3) educational programs for families; and 4) a comprehensive educational day and boarding-school program for students at its Diamond Head campus. The library on campus (733-4831) is a Captioned Video Depository.

DEPARTMENT OF HEALTH (DOH):

DOH--Children with Special Health Needs Branch

741 Sunset Avenue, Honolulu, HI 96816

Phone: 733-9055 (TTY/Voice); FAX: 733-9068

Audiologist: Dale Matsumoto-Oi; Email: dale.matsumoto@fhds.health.state.hi.us

Provides care coordination, social work, and nutrition services, financial assistance, outreach and advocacy for hearing impaired children ages 0 to 21 years who meet financial and medical eligibility requirements. Services include audiologist assessment, hearing aid services, and aural habilitation.

DOH--EARLY INTERVENTION SECTION

1350 South King Street, Suite 200, Honolulu, HI 96815

Phone: 594-0000 (Voice); FAX: 594-0015

Supervisor- Sue Brown, 594-0006 Email: Sue.Brown@doh.hawaii.gov

Educator of the Deaf and Hard of Hearing: Chelsea Courtney, 594-0033 Email:

Chelsea.Courtney@doh.hawaii.gov

Hawaii's lead agency for Part C of I.D.E.A. (Individuals with Disabilities Education Act), the Early Intervention Section support families of infants or toddlers, from birth to age three, who are developmentally delayed, biologically at risk, or environmentally at risk and the many public and private agencies that provide prevention and intervention services that serve them. Infants and toddlers may receive evaluation services, care coordination, and an Individualized Family Support Plan (IFSP) which identifies the service and support needs of both the child and family. These services are available at no cost to families. Through care coordination, the family is linked to programs, which can meet these needs. The Early Intervention Section also operates the Hawaii Keiki Information Service System (H-KISS), a free information and referral service that provides a vital link to services for families with children ages 0-5.

DEPARTMENT OF HUMAN SERVICES (DHS):

DHS--Division of Vocational Rehabilitation (DVR)

601 Kamokila Blvd., Rm. 515, Kapolei, HI 96707

State Coordinator for the Deaf/Deaf-blind: Carol Young, Ph: 692-7723 (TTY/Voice), FAX: 692-7727

Email: cyoung@dhs.state.hi.us

Deaf Services Section: 707 Richards St., Ph 5, Honolulu, HI 96813

Supervisor: Eleanor MacDonald Phone: 587-5660 (TTY/Voice)

Assists persons with disabilities in preparation for jobs, diagnostic services, treatment (restorative service), aids/appliances, counseling, training and job placement. Offices on every island. To make a referral, Phone 587-5650 (TTY/Voice) or 587-5652 (TTY/Voice)

DHS--Services for the Blind Branch, Ho`opono

1901 Bachelot Street, Honolulu, HI 96817

Phone: 586-5275 (Voice/TTY), 586-5356 (TTY) FAX: 586-4144

Counseling for the Deaf-Blind: Naomi Imai

Provides services to individuals who are deaf-blind. Services include vocational rehabilitation, adjustment to visual loss, work evaluation and adjustment training. Also has a low vision clinic.

DISABILITY AND COMMUNICATION ACCESS BOARD (DCAB)

919 Ala Moana Boulevard, Room 101, Honolulu, HI 96814

Phone: 586-8121 (TTY/Voice), FAX: 586-8129, Email: dcab@mail.health.state.hi.us

Kristine Pagano: kkhpagano@mail.health.state.hi.us

Chair: Lucy Miller, Ph.D.; Executive Director: Francine Wai

A state agency that serves as a central clearinghouse of information on resources and services to people with disabilities and makes policy recommendations on their behalf. Publishes *Ha`ilono Kina* quarterly newsletter. Establish guidelines and recommended fee schedules for sign language interpreters and other communication assistants utilizing state services. Coordinates the

Hawaii Quality Assurance Screening and credentials sign language interpreters who do not possess national certification. *Neighbor island offices in Lihue, Kahului..*

**GALLAUDET UNIVERSITY ALUMNI ASSOCIATION (GUAA)
ALOHA STATE CHAPTER**

2520 Jasmine Street, Honolulu, HI 96816

Phone: 734-0884 (TTY/Voice)

President: Francine Aona Kenyon

Local chapter of GUAA, made up of graduates, former students and friends of Gallaudet University. Sponsors social gatherings for members and educational events for Deaf students.

GALLAUDET UNIVERSITY REGIONAL CENTER (GURC)

Kapi`olani Community College, 4303 Diamond Head Road, Manono Building, Honolulu, HI 96816

Phone: 734-9210 (TTY/Voice), FAX: 734-9238

Director: Dr. Judy Coryell Email: Coryell@hawaii.edu

A continuing education and resource center established in cooperation with Gallaudet University in Washington, DC and the University of Hawai`i. The Center, located on the Diamond Head campus of Kapi`olani Community College, provides continuing education programs for Deaf and hard of hearing adults, their families and friends, and the people who work with them. Maintains a lending library of books and videotapes.

HAWAII CENTERS FOR INDEPENDENT LIVING (HCIL)

414 Kuwili St., Suite 102, Honolulu, HI 96817

Phone: 522-5400 (Voice), 536-3739 (TTY) FAX: 522-5427

Executive Director: Patricia Lockwood. IL Specialist, ASL: Wil Koki, 522-5413

A private, non-profit agency run by and for people with disabilities. Mission: to ensure the rights of persons in all disability groups to live independently. Services include: information and referral, individual and community advocacy, peer counseling, independent living skills training, benefits assistance, housing referral assistance, personal care attendant registry referral, assistive technology (DVR-ILP) Elderly Blind Services, Mentorship Program, and research. The main office is located in Honolulu, with neighbor island branch offices on Kauai (Voice/TDD: 245-4034, FAX: 245-6655), Maui (Voice: 242-4966, TDD: 242-4968, FAX: 244-6978), East Hawaii (Voice/TDD: 935-3777, FAX: (961-6737) and West Hawaii (Voice: 323-2221, TTY/TDD: 323-2262, FAX: 323-2383).

HAWAII REGISTRY OF INTERPRETERS FOR THE DEAF (HRID)

PO. Box 2416, Honolulu, HI 96804

Phone: 524-0517 (Voice), Website: <http://www.hrid.org/>

President: Regina Sapko Email: dleighjackson@hotmail.com

Vice President: Michele Morris

A professional association for interpreters and local affiliate chapter of RID, Inc. Goals are to advance professional and ethical standards of interpreters, support programs that teach Sign Language and interpreting, and educate Deaf and hearing consumers about the process of working with interpreters. As an affiliate of the national organization, Registry of Interpreters for the Deaf, HRID administers national evaluations for interpreters in Hawai`i.

HAWAI'I SPEECH-LANGUAGE-HEARING ASSOCIATION (HSHA)

P.O. Box 235850, Honolulu, Hawaii 96823-3514

Phone: 528-4742

President: Marilyn Billingsley

A professional organization for speech pathologists and audiologists. Goals are to improve services for clients, promote community awareness of the services provided by HSHA members, improve working conditions, and promote continuing education.

ISLAND SKILL GATHERING (ISG),

3472 Kanaina Avenue, Honolulu, HI 96815

Phone: 732-4622 (Voice/TTY); FAX: 739-5464; E-mail: isg@aloha.net

President: Wally Soares and Valerie Miehlestein, Co-Owners

ISG provides support services and product sales for people with disabilities: including individual and group training and counseling of independent living skills: job development /placement/coaching; and especially, assistive technology—assessments, evaluation, product acquisition, computer technology delivery, set up, and demonstration ISG is the sole dealer of Ultratec text telephones in Hawaii and offers repairs and servicing of TTYs ISG offers sales on all types of assistive listening & alerting devices. Also, ISG offers sales of the finest closed circuit televisions and hand-held magnifiers. Essentially, ISG has focused upon technology for people who are blind, experience low vision, who are deaf, hard of hearing, or have speech or learning disabilities. However, our commitment to providing support services to all disability group's remains. ISG also provides ASL/English Sign Language interpreting services. ISG has dealerships with major distributors of products for deaf/hh, blind/low vision, and specific learning disabilities. Check out our websites: www.isginc.org. Or, call anytime.

KAPI'OLANI COMMUNITY COLLEGE DEAF CENTER

Contact: Mona Fung, 734-9210 Email: mfung@hawaii.edu

Counselor: Lisa Tom, 734-9798 Email: ltom@hawaii.edu

Houses the Gallaudet University Regional Center, the Preparatory Program for Deaf students, the EIA Project, and handles counseling and scheduling of Interpreters and Notetakers and Computer Assisted Notetakers (CAN).

KAUA'I DEAF CLUB "NA KULI KAUAI"

c/o Dr. Lucy Miller, Lihue, Kauai 96766

Phone: 245-5192(TTY); 246-0550 (Voice); Fax: 246-0549, E-mail: drlucy@lava.net

Members of Kaua'i's Deaf Community get together once each month (usually the second Sunday) for a potluck picnic and socializing. Contact Lucy Miller for details on the next gathering.

LIBRARY FOR THE BLIND & PHYSICALLY HANDICAPPED (LBPH)

402 Kapahulu Ave., Honolulu, HI 96815

Phone: 733-8444 (TTY/Voice); Fax: 733-8449, E-mail: olbcirc@lib.state.hi.us

Head Librarian: Fusako Miyashiro; Public Services Section Librarian: Sue Sugimura has a collection of regular print books and periodicals pertaining to deafness and videotapes on sign language and deafness. Task Force on Library Services for the Deaf and Hard-of-Hearing meets regularly to plan for programs to make libraries more accessible to the Deaf and Hard-of-Hearing communities.

NATIONAL TECHNICAL ASSISTANCE CENTER

Center on Disability Studies (CDS), University Center for Excellence in Developmental Disabilities (UCEDD), University of Hawai'i at Manoa, 1776 University Avenue; UA 4-6, Honolulu, HI 96822

E-mail: ntac@cds.hawaii.edu, Website: www.ntac.hawaii.edu

Provides resources for employment opportunities and technical assistance for vocational rehabilitation services for Asian Americans and Pacific Islanders with disabilities nationwide, in both rural and urban areas.

RELAY HAWAII (TRS)

Sprint Hawaii operates a 24-hour Telecommunications Relay Service (TRS) for telephone customers throughout the Islands and internationally, allowing people who use TTY's to communicate with non-TTY phone users and vice versa. Anyone who needs to use the service can call 711.

Jane Knox: 847-9012 TTY, hi.relay@mac.com

SELF HELP FOR HARD OF HEARING PEOPLE (SHHH), Hawai'i Chapter `OHANA KOKUA `ANO KULI (OKAK)

c/o Gallaudet Center, 4303 Diamond Head Road, Honolulu, HI 96816

Phone: 599-7727, FAX: 733-9032

President: Mel Whang

Dedicated to self-help for people with all levels of hearing loss, OKAK is a local chapter of the national organization, Self Help for Hard of Hearing People, Inc. (SHHH). OKAK holds meetings (at the Library of the Hawai'i Center for the Deaf and the Blind, 3440 Leahi Avenue, 10:00 a.m. on the fourth Saturday of every month except December) with guest speakers on topics of interest to hard-of-hearing people, and publishes a monthly newsletter, *OKAK News*.

SIGN LANGUAGE INTERPRETING REFERRAL: Please see Hawai'i Services on Deafness

SPECIAL PARENT INFORMATION NETWORK (SPIN)

919 Ala Moana Blvd., Room 101, Honolulu, Hawaii 96814

Phone: 586-8126 Voice/TTY, Fax: 586-8129

Neighbor Islands: Kauai - 274-3141, ext. 6-8126; Hawai'i - 974-4000, ext. 6-8126; Maui - 984-2400, ext. 6-8126; Molokai & Lanai - 1-800-468-4644, ext. 6-8126;

E-Mail: accesshi@aloha.net, Website: www.spinhawaii.org

A parent to parent organization in Hawaii that provides information, support and referral to parents of children and young adults with disabilities and the professionals who serve them.

UH KOKUA PROGRAM

2600 Campus Road, Student Services Center 013, Honolulu, HI 96822

Phone: 956-7511 or 956-7612 (TTY/Voice); Fax: 956-8093

Director: Ann Ito

The KOKUA program provides academic access services to any UH Manoa students with documented disability, such as Deafness. Free services include Sign Language interpreting, note-taking, priority registration, testing accommodations, tutoring, faculty liaison and other services for Deaf and hard-of-hearing UH students. Contact KOKUA as early as possible if you need services.

UNIVERSITY OF HAWAII SCHOOL OF MEDICINE SPEECH AND HEARING CLINIC

1410 Lower Campus Road, Honolulu, HI 96822

Phone: 956-8279 (TTY/Voice) FAX: 956-5482

Contact; Naomi Tanabe

The Speech and Hearing Clinic is the training component of the UH Department of Speech Pathology and Audiology. Undergraduate and graduate level students, under clinical supervision, provide speech/language and audiological evaluations (hearing tests) and therapy. Audiological services do not include dispensing hearing aids; clients will be referred to a hearing aid dealer and/or dispensing audiologist. In place of fees, donations are requested for service. (Hearing evaluations and services are also available from audiologists in private practice--see the "Yellow Pages" under "Audiologists.")

VSA-ARTS HAWAII-PACIFIC

Center on Disability Studies (CDS), University Center for Excellence in Developmental Disabilities (UCEDD), University of Hawai'i at Manoa, 1776 University Avenue; UA 4-6, Honolulu, HI 96822

Contact: Susan Miller, Executive Director

Phone: 808-295-0659; 808-455-6002, Fax: 808-956-7878

Email: millers@hawaii.edu, Website: www.vsarts.hawaii.edu

VSA arts is an International organization that creates arts-related opportunities for people with disabilities.

APPENDIX C

National Organizations and Associations

<p>Alexander Graham Bell Association for the Deaf Inc. 3417 Volta Place NW Washington DC, 20007 (202) 337-5220 v/tty (202) 337-8314 fax</p>	<p>National Information Center for Children and Youth with Disabilities PO Box 1492 Washington DC 20013-1492 (800) 695-0285 v/tty (202) 884-8441 fax</p>
<p>American Society for Deaf Children 1820 Tribute Road, Suite A Sacramento, CA 95815 (800) 942-ASDC v/tty/parent hotline (916) 641-6084 v/tty (916) 641-6085 fax</p>	<p>The SEE Center for the Advancement of Deaf Children PO Box 1181 Los Alamitos, CA 90720 (562) 430-1467 v/tty (562) 795-6614 fax</p>
<p>Boys Town National Research Center for Childhood Deafness 555 N. 30th Street Omaha, NE 68131 (402) 498-6511 v (402) 498-6543 tty (402) 498-6638</p>	<p>Butte Publications, Inc PO Box 1328 Hillsboro, OR 97123-1328 (800) 330-9791 v (503) 693-9526 fax</p>
<p>John Tracy Clinic 806 W. Adams Blvd Los Angeles, CA 90007 (800) 522-4582 v/tty (213) 749-1651</p>	<p>Gallaudet University Laurent Clerc National Deaf Education Center 800 Florida Avenue, NE Washington DC, 20002-3695 (202) 651-5340 v/tty (202) 651-5708 fax</p>
<p>National Association of the Deaf 814 Thayer Avenue Silver Spring, MD 20910-4500 (301) 587-1788 v (301) 587-1789 tty (301) 587-1791 Fax</p>	<p>Gallaudet University 800 Florida Avenue, NE Washington, DC 20002-3695 (202) 651-5488 v/tty</p>

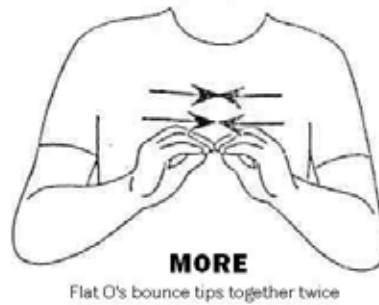
APPENDIX D

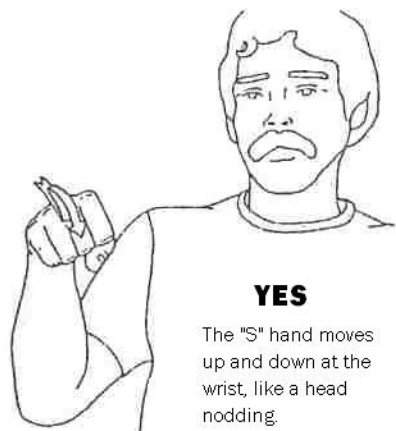
Internet Resources

Alexander Graham Bell Association	www.agbell.org
Aloha State Association of the Deaf	www.asadhawaii.org
American Academy of Audiology	www.audiology.org
American Society for Deaf Children	www.deafchildren.org
American Speech Language Hearing Association	www.asha.org
Auditory-Verbal International Inc.	www.audiotry-verbal.org
Boys Town National Research Hospital	www.boystownhospital.com
Clerc Center	www.clearccneter.gallaudet.edu
The Deaf Resource Library	www.www.deaflibrary.org
Gallaudet University	www.gallaudet.edu
Hand and Voices	www.handsandvoices.org
John Tracy Clinic	www.johntracyclinic.org
Listen up!	www.listen-up.org
National Association of the Deaf	www.nad.org
Oral Deaf Education	www.oraldeafed.org
Self Help for Hard of Hearing People	www.shhh.org
Special Parent Information Network	www.spinhawaii.org/index.html
Where to we go from Hear?	www.gohear.org

APPENDIX E

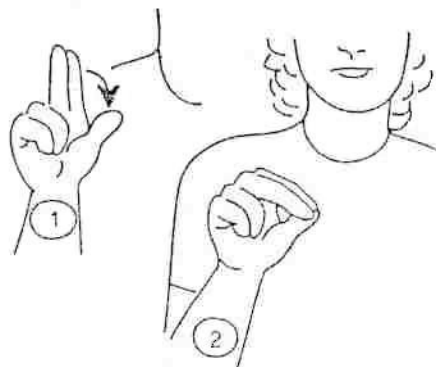
Sign Language Samples





YES

The "S" hand moves up and down at the wrist, like a head nodding



NO

First two fingers close onto thumb



MOTHER

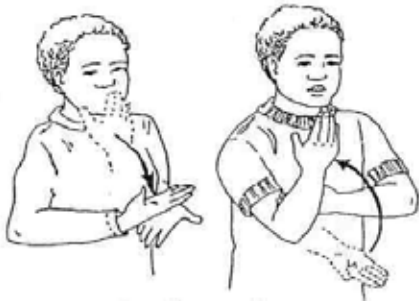


DRINK



OPEN

New Sign Vocabulary



Good morning



Good night



Bathe, Bath



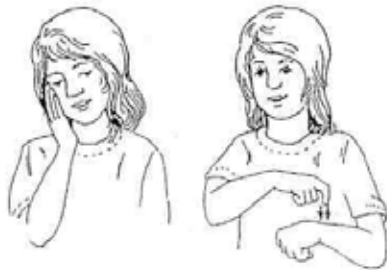
Bathroom, Toilet



Brush teeth



Bed



Bedtime



Rest



Sleep, Sleepy, Drowsy



Daughter



Brother



Sister



Baby



Uncle



Aunt



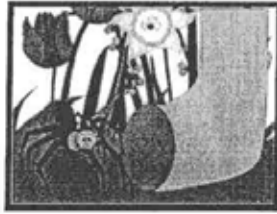
Nephew



Niece



Man



The Itsy Bitsy Spider



The itsy, bitsy spider, climbed up the water spout.



Down came the rain and washed the spider out.



Out came the sun and dried up all the rain,



So the itsy, bitsy spider went up the spout again.

Early Intervention Section * Department of Health

Supported in part by project H61 MC 00038 from the Maternal Child Health Bureau (Title V, Social Security Act), Health Resources and Services Administration, Department of Health and Human Services.