

# Chapter 21

## Components of the Moog Center Early Intervention Program

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**NOTE:** For the purpose of this chapter, *parent* will be used to refer to any parent or primary caregiver and will be referred to as *she*. Reference to a child will be masculine. Early interventionists will be referred to as *providers*.

**E**arly Intervention for children with hearing loss is intended to capitalize on the critical period for learning language and auditory stimulation. The combination of early identification with early amplification and improved technology of hearing aids and cochlear implants has had a big impact on children with hearing loss learning to talk (Moeller, 2000). Receiving maximum benefit from this improved technology is highly dependent on how well the child's hearing aid(s) and/or cochlear implant(s) are programmed. The younger the child, the greater the challenge in providing optimal amplification. When the devices are appropriately fitted for maximum access to speech, it is possible for children with significant hearing loss to learn to communicate using spoken language with greater ease and has allowed their talking to progress at a faster rate.

But even when a child's assistive listening device is well fitted, the auditory information the child receives is not the same as that of children with normal hearing. Therefore, many children with hearing loss need

specialized instruction and parent support to learn to capitalize on what they hear to learn to understand and produce spoken language.

Based on our experience developing the Family School Program at the Moog Center for Deaf Education, we have identified the components of an early intervention program that have proved effective in accelerating children's development of spoken language. Description of the components of this program and an explanation of their contribution to facilitating spoken language development in young children are the subject of this chapter. The four major components are:

- 1 Parent-Child Sessions
- 2 Parent Group Informational Meetings
- 3 Parent Support Group Meetings
- 4 Center-Based Toddler Program

## Parent-Child Sessions

Parent-child sessions are provided to all families enrolled in early intervention at least twice monthly for children under 18 months and weekly for children over 18 months old. These parent-child sessions may be home-based and/or center-based and involve a provider—typically a teacher of the deaf or a speech-language pathologist—interacting with a parent and her child. The objective of these sessions is for the provider to demonstrate strategies, techniques, and/or provide information to help the parent learn ways to help her child learn to talk and understand when others talk to him.

A critical component of a parent-child session is for the parent to trust the provider. Gaining this trust is dependent on a relationship of mutual respect between the parent and the provider. These sessions are most productive when the provider and the parent are truly partners. It is the provider's responsibility to demonstrate to the parent that she needs the parent's input, and that the parent's knowledge and information about her child is believed and is needed for maximum success.

Another critical element is for the parent to develop a relationship with the child's audiologist. To this end, the provider can be of great help in educating the parent about the kinds of questions to ask the audiologist, on information to report to the audiologist about the child's responses to sound at home, and what the parent and child are learning in parent-child sessions.

A parent-child session includes:

- An introduction to the session.
- A parent report of progress since the previous session.
- A time for providing information to the parent and for answering the parent's questions.
- Demonstration of technique or strategy by the provider.
- Real-time embedded coaching.
- Summary and joint planning for the next session.

A sample agenda illustrating the components and timeframe of a 45- to 60-minute parent-child session, as well as a brief description of the activities within each component is shown in *Table 1*.

David Luterman (2001) wrote ...

"I have found in my professional life that by working intimately with parents of deaf children, if you take good care of the parents, the children will do well."

Opportunities for parents of children with hearing loss to meet other parents of children with hearing loss is a component of an ideal early intervention program. Parent Group Informational Meetings and Parent Support Group Meetings are two ways to bring parents together, so that they may learn from and share with each other. Group meetings offer opportunities for parents to develop relationships with other parents.

## Parent Group Informational Meetings

The focus of parent group informational meetings is the delivery and exchange of information. These meetings are facilitated by a subject matter expert who provides information about a topic at the outset of the meeting. Once the information is conveyed, the audience is encouraged to participate in discussion that includes comments and questions. During this time, parents share their own life experiences related to the topic—establishing parents as topic experts as well. Although many of these topics may also be covered in individual parent-child sessions, group discussion provides an opportunity to ask questions and learn from the questions and comments of others.

For these meetings to be successful, the atmosphere of the meeting must be such that participants are comfortable engaging in the discussion and in sharing their experiences. Parents are able to learn from each other. Arranging

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# Table 1

## A Sample Agenda of a 45- to 60-minute Parent-Child Session

### Arrival, Check Device(s), Introduction to Session, 1-3 Minutes

The device check allows the provider to guarantee the child's device(s) are working prior to the beginning of the session. Having the parent check her child's device provides information to the provider regarding the parent's knowledge about the device and level of comfort in checking and managing the device.

The provider reviews her lesson plan for the parent that includes a list of the activities and approximate times allotted for each activity at the outset of each parent-child session. Providing this outline and stating the estimated amount of time for each activity gives the parent an idea of what to expect during the session and what is expected

from her. Parents are more eager to participate, feel more successful, and feel more empowered when expectations are clear. At this time, the provider asks the parent for her input regarding the plan and considers changes to the activities, the order of activities, and/or the times allotted to best meet the parent's needs.

### Report of Progress Since Last Session, 5-7 Minutes

The parent's report of her child's progress may include changes in the child's overall development, new sounds to which the

child is responding, new words the child is understanding, new sounds or words the child is saying, or other

significant changes in the child. The provider incorporates this information into her lesson, as appropriate.

### Providing Information to the Parent, 5-12 Minutes

- The provider shares information with parents relating to their child's hearing loss, the impact of that hearing loss on the child's language development, typical child development, as well information about the IFSP process, transition and the IEP process, and other relevant topics.
- Time is always included for parents to ask questions. Provider responses may be immediate, or a provider may need to get the information and provide it at a subsequent session and/or provide resources for the parent to research additional information.
- Adult learning styles vary. To meet the needs of different learning styles, it is important to provide information in a variety of ways, including print, orally, and/or live demonstration or video. As the provider gets to know the parents and identifies preferred learning styles, those will be accommodated whenever possible.

### Demonstration by Provider\*, 10-12 Minutes

- Demonstrating a specific strategy or technique for a parent will allow her to observe what has been described. This provides an opportunity for the parent to see the value of the technique and understand what is expected from the child and the parent when interacting with the child.
- Explaining to the parent what is being demonstrated prior to the demonstration and being specific about exactly what is expected of the parent during the demonstration will allow the parent to be focused while she is observing.
- Depending on the circumstances, it may be useful for the provider to provide a running narrative of what she's doing and why during the demonstration.
- Following the demonstration, the provider and parent discuss what happened during the session. This discussion includes what went well, what didn't go well, and what the provider could have done differently.

\*In some cases, it may be appropriate to use this time for direct child therapy. It is sometimes necessary to provide instruction to the child for the purposes of assessing the child's skills in order to be able to better guide the child's parent. It may also be necessary to provide instruction to a child when one is trying to teach a child a new task. It is critical to ask a parent to only expect a response from a child that the child is capable of giving.

## Table 1

(continued)

### Real-Time Embedded Coaching, 20-30 Minutes

- This portion of the session involves the parent interacting with her child while the professional coaches the parent—providing feedback with the intent of guiding the parent to enhance communication with her child. Sometimes the parent does an activity similar to the one demonstrated by the provider in what is termed “return demonstration.” At other times, the parent implements an activity of her choice. The provider coaches the parent while she is engaged in the activity with her child. It is important that the provider deliver the coaching in a manner such that it is perceived by the parent as support and not as criticism. Parents gain confidence and appreciate direction when they perceive the provider helping them learn to be more effective.
- Real-time embedded coaching involves a provider giving suggestions, comments, and support to the parent while that person is engaged in an activity with her child. Feedback is provided in real-time, so that the parent is able to immediately apply ideas and suggestions during her interaction with her child. This allows the parent to understand the strategy as intended and enhance communication with her child. In addition to providing ideas and suggestions, real-time embedded coaching also includes reflection on the part of the parent. At the end of the coaching session, parents are encouraged to think about and discuss what aspects of the interaction with her child went well or didn’t go well, along with which ideas and suggestions were successfully implemented and which were not.
- Included in this aspect of the session is the opportunity for the parent to reflect on her interaction and discuss with the provider what went well, what didn’t go well, what she could have done differently, and how to make changes for future activities.

Coaching is an evidence-based adult learning strategy used for talking with parents and other care providers to recognize what they are already doing what works to support child learning and development, as well as building upon existing or new ideas. Rather than telling the other person what he or she needs to do or doing something only to/with the child, individuals using coaching start with what the other person knows and is doing in order to develop and implement a joint plan that meets the needs and priorities of the person being supported through coaching. Coaching involves asking questions; jointly thinking about what works, does not work, and why; trying ideas with the child; modeling with the child for the parent; sharing information; and jointly planning next steps” (Rush & Shelden, 2008, p.1).

### Summary and Joint Planning for the Next Session, 3-7 Minutes

- The provider and parent summarize the session—highlighting new information.
- Together, the provider and parent decide on what the parent will focus on until the next session.
- Together, the provider and parent determine if/what strategy and/or activity the provider will demonstrate at the next session. Also, they decide the strategy and/or activity in which the parent and child will engage during the real-time embedded coaching portion of the session.



Photo courtesy of NCHAM

It is essential that parent support group meetings provide an environment that is safe for sharing private information. This is accomplished by setting ground rules for the meetings.

the tables in a “U” formation with the meeting facilitator at the head will encourage parent participation. Serving food will help to establish an environment that feels comfortable and welcoming as well. Reminding parents at the beginning of the meeting that their questions and comments are welcome will contribute to their feeling comfortable to participate.

Parent group informational meetings are typically 60-90 minutes in length and focus on a single topic. They should occur at least once a month. However, it is appropriate to meet more frequently when there is sufficient interest or as topics present themselves. These sessions may cover a plethora of topics related to hearing and hearing loss, child development, and advocacy. Some topics are:

- Audiology, including understanding an audiogram.
- Information about hearing loss (types, causes, etc.). Understanding hearing loss and its impact on language development.
- Information about various assistive listening devices (hearing aids, cochlear implants, FM/DM systems).
- Information about typical development, including motor milestones, speech, vocabulary, and language development.
- Information about typical behavior and age-appropriate expectations.
- Information about assessment of speech, vocabulary, language, audition, and speech perception. Ideas and suggestions for providing stimulation of speech, vocabulary, language, and listening skills.
- Understanding the IFSP and IEP processes, including preparing for the meetings, determining outcomes/goals, writing outcomes/goals, and participation in the IFSP and IEP processes.
- Advocacy.
- Developing child's self-esteem.
- Language and its impact on the development of reading skills.

## Parent Support Group Meetings

Parent support group meetings are designed to provide emotional support to meeting participants. They are 60 minutes in length and are facilitated by a psychologist, social worker, teacher of the deaf, speech pathologist, audiologist, or other qualified person. Although these meetings may center on a topic, it is not always necessary for a skilled facilitator to bring a topic to the meeting.

These meetings are offered no more than once a month. Conducting as well as participating in a support group meeting is an emotional experience and can be hard work for both the facilitator and the parents. During these meetings, the meeting facilitator is present to assist, as needed. However, the parents should guide the flow of the meeting. This is a time for parents to help parents and a time for parents to share personal experiences in a way that supports other parents.

It is essential that parent support group meetings provide an environment that is safe for sharing private information. This is accomplished by setting ground rules for the meetings. A common ground rule for support groups is that everything discussed in the group must be kept confidential. Participants are seated in a circle to assist in establishing a sense of intimacy and allow for eye contact. In addition, parents are encouraged to listen to one another and support one another. The purpose of the support group is to create an atmosphere in which parents feel comfortable talking about personal issues and experiences. When one participant shares personal information, it provides an opportunity for other members to offer support, ideas, and assistance. It also encourages other members to share their own experiences and foster an atmosphere of trust in the group.



It is important for those who are facilitating parent support group meetings to have an understanding of how to effectively facilitate such a meeting. Dr. Ken Moses is a psychologist who has done an extensive amount of work in the area of grief counseling. He has developed an acronym, **ENUF**, which he uses to describe the characteristics used when listening effectively. The letters of the acronym represent: **E**mpathy, **N**onjudgment, **U**nconditionality, and **F**eeling-Focus.

Although parent support group meetings may be structured around a single topic, the best meetings are those that allow parents to guide the meeting. When initially beginning a group, it may be necessary to have a topic until the participants become familiar with each other. However, once the parents feel safe, it will be comfortable to facilitate a meeting.

Some topic starters that may be used for parent support group meetings include, but are not limited to:

## E Empathy

**Empathy** is the concerted effort to gain an accurate perception of another's experience and then share that perception in one's own words, style, and manner. Empathizing is an interactive process—an experience. It is something one engages in not something that one gets done. It is done by bringing oneself to be focused on the distressed parent by making a concerted effort to experience how it is for her/him, to ask if you're getting it "right," and then to reflect back that perception in your own words. Being engaged in a process of wanting to get "it" is the "it," while actually getting "the right answer" is, in fact, impossible, because in truth, nobody can really know what it's really like for anyone else. All we can do is really try to know, and that feels quite wonderful to the parent, even when embroiled in awful feelings.

## N Nonjudgment

**Nonjudgment** means being truly neutral. In this context, it is not the professional's job to determine if the parent's feelings are right or wrong, good or bad, functional or dysfunctional. The feelings are just feelings and are very likely understandable when one can truly experience them in the context of the parent's world. Such acceptance is at the core of empathy, as it validates the parent's distress as legitimate and worthy of caring.

## U Unconditionality

**Unconditionality** refers to a belief about people and the human experience. Engaging parents unconditionally is to engage them as the babies are engaged. It is to believe that being cared for, valued, and respected is a human birthright and, therefore, is given without ifs, ands, or buts. Unconditionality is a guiding principle that one aspires to while knowing no one can really get there. Yet trying to get there makes all the difference.

## F Feeling-Focus

**Feeling-Focus** helps the parents express their grief in the only form that matters. There are no concrete solutions to the parents' distress around having their lives disrupted and dreams threatened by their baby. Being able to express their feelings and having them be heard is on the front end of the change process that all parents must go through to bring a baby into their lives (Moses & Kearney, 1995).

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The Toddler Class is designed to accelerate the acquisition of spoken language and close the gap between the language skills of the child with hearing loss and his typical hearing-aged mates.

- Parents share the story of learning about their child's hearing loss.
- What about your child are you most proud?
- What about your child is your greatest pleasure?
- What about your child are you the most concerned?
- What is your greatest fear?
- How's it going?
- What does your child do that makes you happy?
- What are you thankful for?
- What are some of the pressing issues you have right now?

Parents will sometimes bring issues that don't appear, on the surface, directly related to their child. This is okay. Feelings related to one's spouse or extended family members—or even to people with whom a parent interacts within the community—may be appropriate for discussion during a parent support group meeting. It is the job of the facilitator to determine when it is necessary to move the conversation along, as well as to make sure that one individual does not dominate the conversation. The facilitator may respond to parent comments by simply nodding or quietly affirming them as they participate in the conversation.

## Center-Based Toddler Program

There are three main components to a Toddler Program:

- Toddler class group experiences.
- Individual child therapy.
- Parent education and support.

The individual child therapy provides one-on-one instruction in spoken language skills, and the small group experiences provide opportunities to use vocabulary, concepts, and ideas in a variety of play and learning environments. Parent-child sessions, parent informational meetings, and parent support groups are an integral part of the toddler program.

## Toddler Class Group Experiences

The Toddler Class at the Moog Center for Deaf Education serves children with hearing loss from around 18 months to 3 years of age. The adult attention is focused on teaching the children with hearing loss. For children with hearing loss to learn to talk, they need good models of speech, vocabulary, and language. These models are provided by the adults around them. Children between the ages of 18 months and 3 years old do not provide good spoken language models, because they are difficult to understand and do not yet have well-developed language. When the classroom is dedicated to children with hearing loss, the teachers/therapists are able to provide language models that are appropriate for the children in the classroom. They are not distracted by meeting the needs of the children with typical language development. It is the experience at the Moog Center for Deaf Education that children who attend the Toddler Class learn to participate appropriately in conversational exchanges with their classmates.

The Toddler Class is designed to accelerate the acquisition of spoken language and close the gap between the language skills of the child with hearing loss and his typical hearing-aged mates. Addressing a child's need to learn how to learn is a major purpose of the Toddler Class. Participation in this class provides the child with opportunities to learn the expectations during a variety of communicative interactions. While engaging in a variety of activities—both individual and group—the child learns the language expectations while learning how to participate in each activity.

An effective Toddler Class curriculum features activities that will motivate young children to communicate. In selecting and planning activities, some factors taken into consideration are ones which:

- Are of interest to the child.
- Require the child to communicate in order to participate.

The focus of the group instruction within the Toddler Class at the Moog Center is to provide opportunities for the child to transfer the skills learned during individual sessions into a more natural environment. Another purpose is to teach the child how to interact appropriately with his peers.

- Allow the child to participate independently or with little adult assistance.
- Require the child to make choices.

The focus of the group instruction within the Toddler Class at the Moog Center is to provide opportunities for the child to transfer the skills learned during individual sessions into a more natural environment. The Toddler Class offers opportunities for the child to apply what he has learned to a variety of typical preschool activities. The Toddler Class curriculum addresses all developmental needs of the child to help the child catch up in all areas (see *Table 2*).

The Toddler Class maintains a high teacher-to-student ratio of one adult for every two children, which has been found to be the most effective. There is always a lead teacher and a teacher aide, but it is acceptable and often necessary to have additional adults available. Some resources for adults are high school volunteers providing community service, undergraduate or graduate students, and volunteers from the community.

All of the group Toddler Class activities are designed for children to be exposed to and practice age-appropriate vocabulary, fine motor skills, gross motor skills, cognitive skills, and social skills. It is also an opportunity for children to practice using the speech, vocabulary, language, and auditory skills they have practiced and learned in individual sessions. Maintaining a high adult-to-child ratio provides opportunity for optimal stimulation for each child.

Another purpose of the Toddler Class is to teach the child how to interact appropriately with his peers. The Moog Center for Deaf Education has two word lists that serve as guides for instruction in the Toddler Program. These word lists are referred to as the “First 100 Words” (*Table 3*) and the “Next 150 Words” (*Table 4*). In addition, there is a follow-up word list referred to as the “Following 300 Words” (*Table 5*), which is used with children who

acquire at least 250 words while in the Toddler Program. Activities in the Toddler Class are based on the “First 100 Words” and “Next 150 Words.”

### Individual Child Therapy

All children participating in the Toddler Class receive individual instruction provided by a teacher of the deaf or speech language pathologist. Individual sessions are 45-60 minutes and provide opportunity to address each child’s individual needs in the areas of speech, vocabulary, language, and auditory skills. The length of an individual session will be dependent on the age of the child, degree of the child’s experience participating in teacher-directed activities, and the child’s ability to attend. When necessary, it is appropriate to break the individual session into smaller time segments that total 45-60 minutes.

Speech instruction in this context is focused on improving the child’s overall intelligibility and is accomplished by working on the development and/or improvement of the production of words. For children ages 18 months to 3 years, improving articulation of specific speech sounds is most effective when instruction is provided in the context of vocabulary words the child understands. For those children who do not yet have a vocabulary repertoire, time is spent developing individual phonemes for which the child is most stimulable and/or are in early developing words.

Intentional focus on developing a child’s receptive and expressive single-word vocabulary is another part of individual therapy sessions. Objects and pictures are used to represent words. Practice understanding and producing these words accelerates the child’s acquisition of them. Learning to understand and produce words is a first step to combining words. As the child learns to understand and produce words—at first nouns and verbs—these can be combined into meaningful word combinations, and word combinations make it possible for the child to begin to express his thoughts and ideas.



## Table 2

### Sample Schedule for the Toddler Class

8:30	Arrival and Device Check
9:00	Circle Time
9:30	Choice
10:00	Dramatic Play/ Gross Motor Activities
10:30	Snack
11:00	Facilitated Play, Recess, Sensory Table
11:30	Closing Circle

#### Arrival and Device Check

Upon arrival each day, the children's devices are checked to make sure they are in good working order, and Ling sound checks are performed with those children who are able to participate.

#### Circle Time

The first activity of the morning is Circle Time. During Circle Time, the children engage in a variety of activities designed to practice social skills, vocabulary, and language. Some activities that may be used at this time are labeling the weather, identifying and labeling the children's clothing, and counting. Books, songs, and finger plays are also a part of Circle Time. New concepts are introduced based on the abilities of the children in the group. Typically, at the beginning of the year, the concepts are simpler, and by the end of the year, the children have more vocabulary and are able to do more complicated activities, such as following simple directions.

#### Choice

Choice provides opportunities for the children to engage in a variety of cognitive activities that are developmentally appropriate, such as building block towers, sorting colors, doing puzzles, stringing beads, etc. Containers holding the different activities

are placed in an area designated as the space for Choice. The children learn to select a container, sit and engage in the task, and then clean up when they are finished. The teacher facilitates by moving from child to child or working with a few children together. Vocabulary and language accompany these activities, as appropriate.

#### Dramatic Play

Dramatic Play is a time for children to develop pretend play skills and social skills while also practicing vocabulary and language during facilitated interactions with their peers. Participating in facilitated imaginative play helps the children learn how to enjoy pretending.

#### Gross Motor Play

Gross Motor Activities are designed to provide opportunities for children to develop and improve age-appropriate motor skills.

#### Snack

Snack is a great time to expect the children to communicate using vocalizations or word approximations. Snack is designed in such a way that choices are offered to the children throughout the activity, causing them to have to communicate in order to participate in the activity. Most children are motivated by the presence of food. Having food available as a reinforcement makes it an ideal activity for eliciting language from the children and teaching them that their words have power.

#### Facilitated Play

Facilitated Play provides children with opportunities to engage with toys selected by the teacher, which will promote cognitive skills, social

#### Activities in the Toddler Class

Circle Time

Choice

Dramatic Play

Gross Motor Play

Fine Motor Play

Snack and Recess

skills, and/or practice with specific vocabulary and/or language. During play activities, an emphasis is placed on exposing children to appropriate social language, providing the children with the vocabulary and language needed to interact with other children during play.

#### Sensory Table

Items placed in the sensory table provide opportunity to develop cognitive skills as well as fine motor skills. In addition, activity at the sensory table allows children to engage in facilitated social interactions to develop social skills.

#### Closing Circle Time

Closing Circle Time is another opportunity for children to engage in a variety of activities designed to practice specific social skills (e.g., turn-taking, eye contact, joint attention) and specific vocabulary words. Books as well as songs and finger plays are part of this Circle Time too.

# Table 3

## First 100 Words

Action Words/Verbs			Adjectives			Animals		
blow	clap	cry	blue	green	orange	bear	bird	cat
cut	drink	drive	purple	red	yellow	cow	dog	duck
drop	eat	fall down	one	two	three	elephant	fish	horse
hug	jump	kick	big/little	clean/dirty	happy/sad	monkey	pig	rabbit/bunny
kiss	open	pour				sheep		
push	run	sit down						
sleep	stir	throw						
turn around	walk	wash						
Body Parts			Clothes			Food		
ear	eyes	foot	boot(s)	coat	diaper	apple	banana	candy
hair	hand	mouth	hat	pants	shirt	cheese	cookie	cracker
nose	teeth		shoe(s)	sock(s)		French fries	hamburger	hotdog
						ice cream cone	juice	milk
						pizza	strawberry	water
Household			Nature			People		
bathtub	chair	cup	flower	rain	sun	baby	boy	Daddy
door	knife	phone	tree			girl	Mommy	
potty/toilet	spoon	table						
toothbrush								
Toys/Travel								
airplane	ball	balloon						
bike	book	bubbles						
car	train							

# Table 4

## Next 150 Words

Action Words/Verbs			Animals			Body Parts		
bite	break	close	camel	chicken	frog	arm	bottom	elbow
dance	feed	pull	giraffe	goat	hippo	face	fingers	head
read	ride	pick up	kangaroo	lion	mouse	knee	leg	neck
swim	swing	wipe	snake	squirrel	tiger	toes	tummy/belly	
			turtle	zebra				
Clothes			Food			Holiday Words		
belt	bib	dress	bagel	bread	cake	angel	bell	bow
gloves	mittens	nightgown	carrots	cereal	chips	candy cane	present	reindeer
pajamas	raincoat	scarf	coffee	corn	cupcake	Santa	snowman	star
			doughnut	egg	grapes	bat (animal)	ghost	pumpkin
			ham	ketchup	orange	witch	turkey (animal)	turkey (food)
			pancakes	pasta	peanut butter	heart		
			popcorn	sandwich	soup			
			macaroni & cheese					
Household			Nature			People		
bed	blanket	bowl	bee	bug	butterfly	cowboy	doctor	farmer
box	brush	car seat	cloud	grass	leaf	fireman	grandma	grandpa
clock	computer/laptop	couch/sofa	moon	nest	rainbow	mailman	policeman	
flashlight	fork	highchair	snow	spider	worm			
house	iPad/tablet	key						
light	microwave	napkin						
pillow	plate	rug						
sink	shovel	soap						
stove	stroller	tissue						
toothpaste	towel	TV						
umbrella	vacuum	window						
Prepositions			School			Toys/Travel		
around	behind	between	backpack	battery	crayons	bat	bus	doll
in	in front of	next to	desk	earmold	glue	firetruck	football	game
on	over	to	hearing aid	lunchbox	marker	helicopter	jump rope	kite
			notebook	paint	paintbrush	motorcycle	playdough	puzzle
			paper	pen	pencil	slide	swing	tractor
			school	scissors	tape	truck	van	
			cochlear implant					

## Table 5

### Following 300 Words (updated 12-2-14)

Action Words/Verbs			Adjectives+			Animals		
bring	bump	carry	asleep/awake	bad/good	broken	alligator	animal	ant
clean	draw	finish	careful	closed/opened	cute	caterpillar	chipmunk	crab
get	give	go	dark/light	fast/slow	gentle	deer	dolphin	donkey
help	hit	hurry	hard/soft	heavy/light	hungry/full	eagle	goose	kitten
look	love	pick up	naughty/nice	pretty/ugly	sick/well	koala bear	owl	panda bear
play	put	say	sleepy/tired	thirsty	yucky/yummy	penguin	polar bear	pony
see	show	sing				puppy	raccoon	rooster
smile	splash	stop				skunk	snail	wolf
take	tickle	touch						
watch	wipe	write						

  

Body Parts			Category Words			Clothes		
ankle	beard	belly button	animals	clothes	food	beads	bracelet	button
cheek	chin	eyebrow	fruit	furniture	people	earrings	jacket	jeans
eyelash	fingernails	lips	silverware	toys	vegetables	leggings	lipstick	nail polish
shoulder	tongue	wrist	vehicle			necklace	pocket	ring
						shorts	snowpants	snowsuit
						sweater	sweatshirt	tights
						underpants	zipper	

  

Food			Furniture & Rooms			Household		
applesauce	bacon	beans	basement	bathroom	bedroom	basket	bottle	broom
biscuit/roll	bologna	butter	bench	bookshelf	closet	bucket	camera	ceiling fan
Cheerios	cherry	chocolate	counter	crib	curtains/ drapes	comb	dish	DVD
coke/soda	food	fruit snacks				garbage/trash	glass	glasses
green beans	gum	honey	deck	dishwasher	drawer	hammer	jar	medicine
hot chocolate	ice	Jell-O	dresser	dryer	garage	money	mop	movie
jelly	Kool-aid	lemonade	garage door	handle	kitchen	nail	penny	picture
mustard	peas	pepper	living room	oven	patio	piggy bank	plant	purse
pickle/s	pineapple	popsicle	play pen	refrigerator	rocking chair	radio	trashcan	watch
potato	pretzels	pudding	room	shower	stairs			
raisin/s	salt	spaghetti	toilet/potty	wall	washing machine			
sugar	syrup	toast						
tuna	watermelon							

# Table 5

## (Continued)

Holiday			Outside Things/Places to Go			People		
envelope	Jack-o-lantern	stocking	backyard	beach	book store	Big Bird	brother	dentist
sleigh	ornament	wreath	bridge	church	flag	Dora	Elmo	lady/woman
			garden	gas station	grocery store	man	Nemo	nurse
			hose	hospital	ladder	sister	teacher	
			lawn mower	library	mall			
			park	party	pool			
			restaurant	road/street	rock			
			roof	sandbox	shoe store			
			sidewalk	sky	snowflake			
			sprinkler	stick	store			
			toy store	wind	work			
			zoo					

  

Prepositions*			Quantifiers*			Routines		
in back of	here	inside	all	another	more	bath	breakfast	day
outside	there		none	not	same	dinner	lunch	morning
			some			nap	night	

  

Toys			Transportation		
baseball	baseball glove	basketball	bulldozer	digger	dumptruck
blocks	chalk	football	snowplow		
puppet	sled	soccer ball			
Teddy bear	tricycle				

\*These words are expected to be taught in the context of activities.

+Pictures are not available for these words.  
(We need to decide which verbs to depict.)



Photo courtesy of MED-EL



In an ideal early intervention program, the child's parents participate in regular parent-child sessions in order to learn strategies and techniques for helping their child transfer those skills into real communication in his natural environment.

Providing specific instruction in learning words and word combinations facilitates the child's language development. During individual therapy, the teacher chooses the words to teach with a focus on words and word combinations that the child is most likely to need. Typically, the first words selected for teaching are nouns and verbs, because they are concrete. In addition, nouns and verbs can be combined into early developing, two-word combinations.

For example, during a toy manipulation activity, sample word combinations are Drop the ball, The cow walks, and Mommy is in the car. Understanding and producing word combinations is necessary for the future development of sentences. Instruction in combining words is possible once the child has at least 10 nouns and 5 verbs. Once the child demonstrates understanding and some use of two-word combinations, instruction is begun at the three-word level. The more words the child learns, the faster and easier it is for him to use those words to express himself. For some children there is a gap between the number of words they understand and the number of words they can produce. It is appropriate to continue teaching new vocabulary during this period, as most often the child's expressive vocabulary will catch up to his receptive vocabulary.

Auditory skill development is another component of individual therapy for toddlers. For those children who are just learning to listen, instruction is focused on demonstrating detection of the Ling sounds. For other children, the purpose of the specific practice of auditory skills is to help the child learn to understand as much as possible when listening alone. All skills are first practiced auditory-visually—allowing the child to lip read to make sure that the child understands the task. In most cases, once a child demonstrates mastery of a skill auditory-visually, he is able to perform that same task when listening alone.

When planning for lessons for individual therapy, some strategies to consider for successfully engaging a child in lessons

and activities and then keeping the child engaged are:

- Being very attentive to the child and genuinely interested in the child and the activity.
- Expecting the child to participate and helping the child participate successfully.
- Planning lessons and activities that are interesting enough to “capture” the child's interest.
- Creating and maintaining a good learning environment. Providing lessons in a space with minimal distractions.
- Using child-sized tables and chairs or a highchair, when appropriate.
- Providing positive reinforcement, using positive statements, and helping the child succeed.
- Encouraging the child to participate by enticing the child through the use of toys, stickers, and/or small food items.
- Using a variety of activities during a session.
- Practicing a variety of skills during a session.
- Changing activities, as necessary, to keep the child engaged.

### Parent Education and Support

The ultimate goal is for the skills learned in individual therapy and the Toddler Class to be carried over into the child's natural environment. In an ideal early intervention program, the child's parents participate in regular parent-child sessions in order to learn strategies and techniques for helping their child transfer those skills into real communication in his natural environment. Parents also have the opportunity to attend the group informational meetings described earlier. In addition, opportunities for the child's parents to observe during individual sessions and group activities allows his parents to learn procedures for activities that provide speech, language, and auditory stimulation, so they can provide appropriate stimulation to their child in a variety of natural environments.

The ultimate goal is for the skills learned in individual therapy and the Toddler Class to be carried over into the child's natural environment.

We recognize that not every child has the opportunity to participate in a program that includes all of the components described. Not all early intervention programs can provide all of the components listed. This chapter is intended to describe the benefits of each of these components. It is up to individual programs and/or providers to incorporate those components that are possible.



*Photo courtesy of Centers for Disease Control and Prevention*

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