

*Onondaga County
Resource Directory for*
**Young Children
with Hearing
Impairments**

**Some babies
are born listeners...
others need our help**



**Onondaga County Health Department
Bureau of Special Children Services
Early Intervention Program
501 E. Fayette St., Syracuse, NY 13202
(315) 435-3230**

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www.ongov.net

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Introduction

In 2001, New York State passed legislation requiring Universal Newborn Hearing Screening for all babies born in New York State hospitals. The intent of Universal Newborn Hearing Screening is to identify hearing loss in infants at the earliest possible age. According to the United States Department of Health and Human Services, “When early identification and intervention occurs, hearing impaired children make dramatic progress, are more successful in school, and become more productive members of society.”

Parents of hearing impaired children are faced with an overwhelming barrage of information when trying to decide which course of action to take. Decisions about communication methods, educational options and amplification need to be made. There are many resources available in our community, but it can be difficult to find the specific agency or person who can answer your questions. Sometimes it is difficult to know what questions to ask. It is our hope that having the information contained in this resource guide at your fingertips will facilitate this process.

Special thanks to Amy Pilacky, Mary Anne Wilson, and Arlene Balestra-Marko for their tireless effort and dedication toward making the revision of this resource guide a reality.

As of this printing, the New York State Department of Health Bureau of Early Intervention has recently released Clinical Practice Guidelines for Parents and Professionals entitled ***Hearing Loss: Assessment and Intervention for Young Children Age 0-3 Years***. Copies of these guidelines can be ordered through the NY State Department of Health Early Intervention Program at:

NYS Department of Health, Box 2000, Albany, NY 12220 Fax (518) 486-2361
or at www.nyhealth.gov/forms/order_forms/eip_publications.pdf
www.nyhealth.gov/community/infants_children/early_intervention/index.htm

Training on these guidelines can be accessed through Training 2000+ at
www.justkidsschool.com/about_training2000.asp

The Early Intervention Process

Thanks to the advent of newborn screening for hearing loss, as mandated in New York State by Universal Newborn Hearing Screening (UNBHS) legislation, as well as increasingly sophisticated methods for testing hearing, most children with a hearing loss are identified within the first few months of life. Once a child is identified, she/he becomes eligible to receive services through the Early Intervention Program.

Early Intervention (EI) is a federally and state mandated program that provides special education and therapy services to children from ages birth to three who are found to have a disability. Services are of no direct cost to families, and are provided through a variety of public and private agencies, as well as individual professionals who contract directly with the county. Services include therapies (speech and language, physical and occupational), special education instruction, including teachers of the hearing impaired, respite, family training, counseling and others based upon child and family needs.

Following is a brief description of the early intervention process, from identification until the child turns three:

1. A referral is made to the Onondaga County Health Department when a hearing loss is suspected or confirmed. A doctor, social worker, parent, relative or any individual may make the referral.
2. A service coordinator visits the family to explain the Early Intervention process, obtain demographic information and complete necessary paperwork.
3. A core evaluation is scheduled. The family is offered a choice of agencies to perform the evaluation. The evaluation may take place in the home or at the agency, depending upon the family's wishes. An evaluation team, consisting of a generalist and a specialist in the area of suspected disability completes the core evaluation. This usually takes one to two hours. If necessary, other team members may be asked to complete supplemental evaluations based upon the findings of the core evaluation. If the suspected hearing loss is identified as a result of the mandated UNBHS, an audiological evaluation will occur prior to the core.
4. If the child qualifies for Early Intervention (all children with a sensori-neural hearing loss are considered eligible), an IFSP (Individual Family Service Plan) meeting is scheduled or may take place directly after the evaluation. Regardless it should take place no more than 45 days after the original referral. At this meeting, the family, service coordinator and at least one of the evaluators establish outcomes for the child and discuss ways that the family can be as involved as possible in their child's services. Frequency of service is also determined at this meeting.
5. A teacher or therapist contacts the family to set up a schedule of visits. Visits may take place in the home, or at a location identified by the family. The family and teacher/therapist work out a compatible schedule.
6. At least every six months, the child's progress is reviewed. The family receives a written progress report, and an IFSP meeting is held to review the service plan. Changes or updates to the IFSP may be made at any time during the six-month period.
7. When a child approaches 24 months of age, the parents may opt to have him/her attend a center-based program. The child would then receive the majority of his/her services in the program rather

than at home, although some of the home-based components may continue. This is decided on a case-by-case basis.

8. Before the child turns three, the school district in which he/she resides must determine eligibility for preschool services. A transition process takes place in which the child is given a complete developmental evaluation. A CPSE (Committee on Preschool Education) meeting is held, attended by the school district's CPSE chairperson, the evaluator, the family, the child's therapist(s), a parent advocate and the service coordinator. This meeting is usually held at the school district's offices. At this meeting, outcomes and frequency of service are determined. Goals are written as part of the IEP (Individual Education Plan).
9. Once a child transitions from the Early Intervention Program he/she receives services under the Preschool Program. If a child is identified after the age of three, or moves into the county after s/he is three, the referral should be made directly to the school district.

The Audiology Evaluation

An audiologist is a licensed professional with specialized graduate-level education in the diagnosis and habilitation of hearing problems. Clinical audiologists diagnose hearing loss using various specialized tests, dispense hearing aids and perform rehabilitation services. Your child should have a thorough evaluation of hearing so that the appropriate services can be provided.

The type of hearing test methods used will depend on several factors including the age of your child and his/her ability to follow directions. There are reliable hearing tests for children of all ages, including infants. Use of the test techniques described below can successfully diagnosis the presence of a hearing loss in one or both ears.

Auditory Brainstem Response Testing (ABR, BSER, BAER): This test is performed while the child is asleep. Sounds are presented to the child's ears and small electrodes placed near the ears detect the electrical response of the hearing nerve to the sounds. Infants can be tested while they are sleeping in the audiologist's office, but older children must be sedated for this test. This test is very reliable and the results are known immediately.

Otoacoustic Emissions testing (OAE): This test can be performed either while the child is asleep or awake and quiet. Sounds are presented to the child's ears through a small earphone. Ears with normal hearing will actually create a small sound in response to the tones presented. If the ear responds by producing a sound, the hearing in that ear is essentially normal. This test can give some information about how the ear hears different pitch sounds. It is often used in conjunction with the ABR test.

Conditioned Play Audiometry: This is the most familiar and common hearing test. The child is instructed to respond in some way when she/he hears a soft sound. The goal of this test is to determine the softest sound that can be heard in each ear. Usually the sounds tested include both tones and speech. This test can be modified to include toys and games in order to successfully test even small children. This type of testing provides important information regarding the amount and type of hearing loss in each ear. This is recommended for children who are at least 16 months old.

Visual Reinforcement Audiometry Testing (VRA): The goal of this test is to find the softest sound the child reliably responds to. The child is taught to turn his/her head when he/she hears a sound and gets reinforced by seeing a toy or an entertaining picture on a computer screen. A child as young as 6 months old can be taught to do this procedure, and this procedure is done in some form until the child is approximately 2 years of age. The child and the parent are typically in a sound treated booth with an assistant while an examiner presents different sounds. Usually insert earphones are used to test each ear separately, but sometimes, signals are presented through a speaker. If the sounds are presented through a speaker, the test tells us how the child hears using both ears at the same time; thus a hearing loss in only one ear would not be revealed reliably. Children who are unable or unwilling to wear insert earphones are usually tested using speakers in the room.

Immittance Testing: This testing is also called tympanometry and acoustic reflex testing. It is a method of measuring how the eardrum moves in response to sound and can reveal an ear infection or a problem with fluid behind the eardrum. It is not a test of hearing, but is used in conjunction with the hearing test to rule out a physical problem with the outer or middle ear.

Behavioral Observation Audiometry (BOA): The purpose of this test is to determine whether an infant reliably responds to sound. Usually the infant is being held in a sound-treated booth by a parent. Sounds and speech are presented from speakers and behaviors such as eye-blink reflexes and other orienting behaviors are linked with the sound and assessed. It is usually used for infants under 7 months of age. It does not actually test threshold (the softest sound a child can hear), but it gives us a good idea if the sound presented to the ear is going to the brain.

Auditory-Steady State Evoked Response (ASSR): This is an objective test that evaluates the brain's response to sound while the baby is asleep. In most cases reliable results can be obtained in babies less than six months old while they sleep or rest quietly. It is frequency specific and obtains results closer to an audiogram than any other test. Unlike ABR testing, which does not differentiate the severe and profound levels, the ASSR evaluation, in combination with the behavioral methods, makes earlier identification of hearing loss even more accurate.

Audiogram: An audiogram is a graph of the softest sound a person can hear for different pitches. In older children and adults, this response is obtained by telling patients to raise their hand when they hear a tone. In infants, a combination of methods is used to estimate the softest sound a child hears until he/she is old enough to give us this information. It is critical to have an audiogram to obtain proper fit for a hearing aid. See appendix for a "familiar sounds audiogram".

Hearing Loss

Your child may have hearing loss caused by different types of ear problems.

Conductive hearing loss is hearing loss produced by a mechanical inefficiency of the outer or middle ear. This type of loss includes those caused by ear infections, fluid behind the eardrum, wax impacted in the ear canal, problems with the bones behind the eardrum, and malformation of the outer ear. Sometimes this type of hearing loss is treatable by a pediatrician or an ear, nose and throat (ENT) specialist.

Sensorineural hearing loss is caused by a problem with the inner ear structures and/or the auditory nerve. This type of hearing loss is usually permanent and fitting the ear with appropriate amplification is recommended (hearing aids, FM systems).

Mixed hearing loss is caused by a combination of a mechanical problem (conductive) and a cochlear problem (sensorineural). The mechanical (conductive) component of the hearing loss may be temporary and should be treated by a physician if appropriate.

The testing reveals the type and severity of the hearing loss. A scale of hearing loss from mild to profound has been established in order to classify the loss and to help determine what communication impact the hearing loss will have on the child.

In most cases, a sensorineural hearing loss indicates that the child should be fit with amplification. There are hearing aids available to accommodate most hearing losses, from mild to profound. Your child's audiologist can help determine which hearing aid is appropriate and also recommend and implement other appropriate

habilitation services. For children with severe to profound losses, a cochlear implant may provide more benefit than a hearing aid. Cochlear implants are discussed in greater detail in another section of this directory.

If an infant has a hearing loss, the pediatrician/family physician will be contacted. The infant will be referred to an ear, nose and throat physician (otolaryngologist). The recommendations made by the physicians and audiologist will most likely include:

Genetic testing: More than 50% of hearing loss at birth is due to genetic factors. That means the hearing loss is “passed down” to the baby in some way through the family.

Imaging: The otolaryngologist may recommend either a CT scan or MRI of the ear. It can be found out if there are any problems with the ear structures that are causing the hearing loss.

A list of audiologists and the services they provide can be found in the section of this directory entitled “Clinical Audiology Services”.

Unilateral Hearing Loss

What is unilateral hearing loss and how common is it?

Unilateral hearing loss means that there is a hearing loss in one ear and normal hearing in the other ear. Estimates for the incidence of unilateral hearing loss in newborns ranges from 0.8 to 2.7 per 1,000. The prevalence estimate for school-aged children is much higher, ranging from 30 to 56 per 1,000. The hearing loss can range from mild to profound. With mild hearing loss, infants can hear some, but not all speech in a normal conversation. With profound hearing loss, the infants cannot hear any normal volume speech.

What kind of problems do infants and children with unilateral hearing loss have?

Infants and children with good hearing in one ear can function in most situations, but not all. They might have trouble with:

- Understanding speech in a noisy background
- Localizing a sound
- Hearing speech or sounds when they are directed at the poor ear

For school-aged children, studies suggest that around 33% of children with unilateral hearing loss have academic, social, and behavioral difficulties. Approximately 25% are at risk for failing a grade. A pilot study by the University of Colorado at Boulder has found that approximately 17% of toddlers/pre-schoolers in early intervention with unilateral hearing loss have borderline receptive and expressive language delays. These data suggest that delays seen at school-age may start when the children are under age three.

What can be done for infants and toddlers with unilateral hearing loss?

- Make sure that your child is enrolled in Early Intervention
- Make sure that you get EACH ear of your child tested every 6 months by a pediatric audiologist. You need to know if the hearing loss is getting worse, or if the good ear is starting to show a hearing loss.
- If the hearing loss is not severe, many audiologists will try a hearing aid in the ear with hearing loss. While data are still needed to define how hearing aids benefit infants and toddlers with unilateral hearing loss, there are individual cases of toddlers preferring to wear their hearing aids.
- Have your child wear ear protection when noises are too loud. It is important to protect the good ear.
- Get prompt and aggressive medical treatment for ear infections. If an ear infection affects the good ear, the child will have trouble hearing in many situations.
- Make sure that the child's good ear is directed towards the person talking. Position the child so the good ear is not directed at background noise.
- Have your child's speech and language monitored to make sure he/she is developing normally.
- Talk with your child's doctor about concerns.

Bess et al., 1998; Bess and Tharpe, 1986, 1988; Blair et al., 1985; Bovo et al., 1988; Brookhouser, et al., 1991; Culbertson and Gilbert, 1986; Davis et al., 2001; Davis et al., 1986; Klee and Davis-Dansky, 1986; Lieu, 2004; Oyler et al., 1987; Stredler-Brown, 2005

Clinical Audiology Services

The following providers are located in Onondaga County. A brief list of the testing procedures available from each provider is included. Please refer to the section in this directory entitled “The Audiology Evaluation” for an explanation of the procedures listed.

<i>Audiological Facility</i>	<i>Audiologist(s)</i>	<i>Address / Phone</i>	<i>Diagnostic Testing</i>	<i>OAE</i>	<i>Sedated or Unsedated BSER</i>	<i>Hearing Aids</i>	<i>Cochlear Implants</i>
DB Audiology	Doug Brown	7209 Buckley Rd. Suite 1T Liverpool, NY 13088 452-2750	X	X	Unsedated	X	
CNY Ear, Nose and Throat Consultants	Helen Waters Lisa Guidone Ann Marie Ilcyszyn	1100 E Genesee St. Syracuse, NY 13210 476-3124	X	X	Both		X
High Peaks	Kimberly Kahler-Newton	100 Intrepid Lane Syracuse, NY 13205 492-8319	X		Unsedated	X	
MAICO Hearing Aid Service	Patricia Kapylczak	137 First Street Liverpool, NY 13088 451-7221				X	
Onondaga Hearing Services	Gary Forbes	2105 W. Genesee St. Syracuse, NY 13219 468-6268				X	
Oviatt Hearing and Balance	Dana Oviatt Dominique Colton Tracy Harvey Erin Lopata	1001 James Street Syracuse, NY 13203 428-0016	X	X	Unsedated	X	
Syracuse University: Gebbie Clinic	Joseph Pellegrino Beth Prieve Lea Georgantas Tammy Kordes	805 S Crouse Ave. Syracuse, NY 13244 443-4485	X	X	Unsedated	X	
SUNY: Comm. Disorder Unit	Debra Lightfoot Andrew Giraud Kathleen Burch	175 Elizabeth Blackwell St. Syracuse, NY 13210	X	X	Both		X
Waligora Audiology	Jane Waligora	6700 Kirkville Road Suite 107 E. Syracuse, NY 13057	X	X	Unsedated	X	

Early Intervention (EI) can cover the cost of ongoing non-sedated audiological evaluations as long as the provider is contracted with Onondaga County and approved by the New York State (NYS) Department of Health. EI can also cover the cost of some assistive technology equipment as well. Once a child reaches preschool, the responsibility for both audiological evaluations and equipment becomes the responsibility of the family. Before making any appointments, please check with your insurance company to determine what your plan covers or to get a referral or prior approval if necessary.

Educational Audiology Services

Educational audiologists assess the special needs of hearing impaired children in the educational setting and help design an educational program and environment to facilitate learning and development.

Hear 2 Learn

(315) 701-5710

Dr. Arlene Balestra-Marko, Au.D, CCC-A, Cert. AVT

Kimberly Keane, M.S., CCC-A

Robin Ngumbi, M.A., CCC-A

Christine Carlson, M.S. CCC-A

OCM BOCES- Audiology Department

(315) 488-9034

(315) 468-4602 (TTY)

Dr. Bonnie Hulslander, Au.D, CCC-A (McEvoy Center-Cortland)

Kristen Kennedy, M.A., CCC-A

Mary Anne Wilson, M.S, CCC-A

Emily Stevens, M.S., CF-A/CF-SLP

Oswego County BOCES-Audiology Department

(315) 593-8606

Dr. Jessie-Bennett Bradley, Au.D, CCC-A

Amy Allen, M.S., CCC-A

Syracuse City School District-Audiology Department

(315) 435-4210

Louise Schultz, M.S., CCC-A

Communication Choices

Communication interaction with your child is of the utmost importance! Two-way communication, responding to your child and encouraging your child to respond to you, is the key to your child's language development. There are difference ways to communicate and different philosophies about communication. As you think about how your family would like to communicate with your child in the future, you are thinking about the communication methodology issue. In order to decide the most beneficial approach to communication for your child and family, it is best to be open about all the methods, ask questions, talk to adults who are deaf and hard of hearing and other families with children who have a hearing loss, and discuss, read, and obtain as much information as you can about the various methods.

Consider the following factors when choosing a communication method:

- Will the communication mode enable all your family to communicate with your child?
- Do you feel comfortable with the amount of information you have received about all the modes/methods of communication? Have you talked to a variety of people and heard a variety of perspectives on each choice?
- Is the communication mode in the best interest of your child? Does it allow your child to have influence over his/her environment, discuss his/her feelings and concerns, and participate in the world around him/his meaningfully?
- Does the communication enhance your relationships with each other as a family? It should promote enjoyable, meaningful communication among all family members and enable your child to feel part of your family and know what is going on.
- Has the information you have received about communication choices been delivered to you in an unbiased manner? Are you looking at your choice of communication in terms of what will be best for your child and family, and not what someone has promised you about a certain method?

(Adapted from www.handsandvoices.org)

Communication Philosophy

(Adapted from www.handsandvoices.org)

Philosophy	What it is?	How is it achieved?
American Sign Language (ASL)	A fully developed, autonomous, natural language with distinct grammar, syntax and art forms. ASL can perform the same range of functions as a spoken language. The “listeners” use their eyes to process linguistic information. The “speakers” use their hands, arms eyes, face head, and body to convey “intonation” of language.	If parents are not deaf, intensive ASL training is necessary in order for the family to become proficient in the language.
Auditory-Oral (AO)	This method of teaching spoken language stresses the use of amplified residual hearing, speech and oral language development. It places emphasis on speech reading and visual clues that form at the face or body. Tactile methods may also be used to encourage the child to feel the sounds of speech.	Parents need to be highly involved with the child’s teacher or therapists to carry over training activities to the home and create an optimal “oral” learning environment.
Auditory Verbal (AV)	This approach to teaching spoken language concentrates on the development of listening (auditory) and speaking (verbal) skills. It emphasizes teaching the child to use his or her amplified residual hearing and audition from listening devices (like hearing aid or cochlear implants) to the fullest extent possible.	A high degree of parent involvement is necessary for parents to learn the methods to integrate listening and language throughout daily routines.
Bilingual Education	This recent initiative concerns bilingualism for deaf children through bilingual education. In this educational approach, deaf children are instructed in the use of both ASL and English. ASL is considered the dominant language of the child who is deaf.	English is taught through finger-reading, finger-spelling, reading, writing, typing, lip reading, speaking and listening.
Cued Speech	This system is designed to clarify lip reading by using simple hand movements (cues) around the face to indicate the exact pronunciation of any spoken word. Since many spoken words look exactly alike on the mouth (pan, man) cues allow the child to see the difference between them.	Cued speech can be learned through classes taught by trained teachers or therapists. A significant amount of time must be spent using and practicing cues to become proficient.

Philosophy	What it is?	How is it achieved?
Simultaneous Communication (Sim-Com)	Sim-com occurs when a person uses sign language and spoken English at the same time. The signs used may be an exact match to the spoken message. Or, a person may sign some, but not all, of the words in the spoken message.	Parents must consistently sign while they speak to their child. Sign language courses are routinely offered through the community, local colleges, and adult education.
Total Communication (TC)	The term TC was first defined as a philosophy which included the use of all modes of communication, (speech, sign, auditory training, speech reading, finger-spelling. Today the term Total Communication is commonly interpreted as Simultaneous Communication.	This happens through the use of manual systems that attempt to represent spoken English. All modes of communication are used.

Amplification and Assistive Listening Devices

Virtually every child with a long term hearing loss that is not amenable to medical treatment will benefit from amplification (hearing aids). Hearing aids amplify sound for the child, sounds previously inaudible become heard. Although it is not always possible to make every sound audible for every child (factors such as severity and type of loss will impact this), improved outcomes have been noted with the availability of digital hearing aids. If a child's hearing loss is of such magnitude that she/he is unable to obtain sufficient benefit from hearing aids, a cochlear implant may be an option (see cochlear implant section for more information).

Assistive devices are items typically used in addition to hearing aids to enhance the auditory signal. The most commonly recommended device is the personal FM system. This arrangement allows the child to wear receivers attached to the hearing aids or cochlear implant that enable him/her to hear a speaker's voice above the level of noise present in the environment. The transmitter worn by the speaker enables the speech signal to sound the same, even as the adult moves around the room.

Children who are eligible for services via the Early Intervention Program may be able to obtain assistive devices through the EI Program. Specific guidelines for assistive technology have been established by the State Department of Health. The early intervention service coordinator will work with the family and the providers. It is important to note that services can only be provided through EI by those providers who possess a contract with the County and are approved by the NYS Department of Health.

Assistive Listening Devices can be purchased locally through many of the dispensing audiologists listed in this directory or they can be ordered through several national companies. Please contact your service provider(s) for more information.

Most private insurers do not cover the cost of hearing aids or other assistive listening devices. Speak with the benefits representative or human resources representative at your place of work about the possibilities of financial help for the cost of hearing aids. If you are unable to obtain financial help through your insurance or work, there are some other public and private funding sources you can contact.

Currently, Medicaid will cover the cost of analog hearing aids. In addition, the New York State Child Health Plus insurance program also covers the cost of hearing aids. This program is open to all children under the age of 19 who do not have health insurance. Your child may be eligible for Child Health Plus even if you work. Please contact your service coordinator or local health department for further information.

Physically Handicapped Children's Program (PHCP) is a publicly funded source to help children who are not eligible for Medicaid or other funding sources such as Child Health Plus, but who have health insurance that may not cover some of their health care expenses. Children from birth to 21 years of age may be eligible. Families must meet financial eligibility requirements to qualify for assistance through PHCP. Children can be eligible for help from this program even if both parents work. Contact the Onondaga County Health Department's Physically Handicapped Children's Program for information at: 435-5262.

Amplification for Children

Source: Educational Audiology Handbook, Singular Press

Although your child may be fitted with the best hearing aid(s) available, the use of hearing aids is just one part of the treatment program for your child. Although children hear more sounds when they put on hearing aids, it takes a long time for most children to receive maximum hearing benefit from them. Of course, the length of time depends on many things. If your child is an infant, the adjustment period is often very short because infants usually accept their hearing aids easily. If your child is a toddler, it may be more difficult to establish regular daily use of the aids. Children with mild or moderate losses tend to adjust and show benefit from their hearing aids sooner than those with severe and profound hearing losses. For other children, it may take as long as six months to a year with training before the sound received from the aid(s) becomes meaningful. Some children may show no benefit at all; your audiologist will explore other options if this situation occurs.

Any child who is beginning to hear for the first time has a very difficult challenge. Everyday your child will be hearing more and more sounds without always understanding them. It may seem like "noise". If you have normal hearing, you learn to recognize all the different sounds and to disregard the ones you do not want to hear. To understand your child's problem, listen now to all the background noises—you will be surprised how many there are! No wonder your child finds "sounds" very tiring at first. Your child has been living in a very quiet world, and now must adjust to a very noisy one. **It is worth the adjustment**, don't ever forget that!

When adults or other children show interest in the aid(s), make a point of explaining that some people cannot see very well and wear glasses which help them to see more clearly; your child cannot hear well, and must wear hearing aid(s). If your child cannot talk, explain that now that sounds may be heard more clearly,

talking should soon begin to develop. Parents have noticed that other children like to hold the hearing aid to their ears and listen.

You should also be clear about what you should expect from the hearing aid(s). Even at best, it will take some time before the sounds that are heard through the aid(s) become meaningful. It takes a newborn baby about a full year of just **listening** to speech before beginning to speak. Your child may be like a newborn baby in relation to learning what sounds mean. Therefore, it may take time for your child to understand what speech means. Your child's audiologist and therapist(s) will help guide you and provide more specific information as you work towards the goal of full-time use of the hearing aids.

Cochlear Implantation

A cochlear implant is an electronic device comprised of internal and external components designed to bypass damaged hair cells in the cochlea and stimulate remaining neural fibers. It does not restore normal hearing; rather it provides greater access to a damaged cochlea in order to assist and individual in learning language through hearing. Learning to use a cochlear implant is an intensive process in the first few years. It requires a commitment on the part of the family as it involves intensive aural habilitation, frequent programming sessions, and follow through. Candidacy for a cochlear implant has been established by the FDA in children as young as 12 months. Most health insurance companies pay for this procedure, including Medicaid. However, it is the family's responsibility to maintain the device. Please refer to one of the listed implant centers for further information on whether your child is a candidate, the procedure itself, and payment options.

Choosing a Cochlear Implant (CI) Center: Information for Parents

Start Here First:

- Call CI companies
- Network with other parents
- Internet resources
- Call various CI centers in hospital settings

Characteristics of a good CI Center (*Cheffo 2003*)

- Must be a pediatric center
- Should have implanted 50 or more children
- Reputable surgeons
- Audiologists experienced in testing prior to implant and after implant
- Audiologist experienced with MAPPING
- Social worker/psychologist
- Speech Pathologist/AVT or resources for them
- Educational Coordinator or consultant
- A TEAM approach

Questions to Ask About Cochlear Implants:

1. How do the three different implant models differ?
 - a. Advanced Bionics – Hi Res., Platinum Sound Processor
 - b. Cochlear Corporation: Nucleus Freedom
 - c. Med-El. Pulsar C100

2. How do they work?

A cochlear implant is an electronic device, which can enhance hearing and speech abilities for children with severe to profound hearing loss. A cochlear implant system comes in two parts; the first part is the external speech processor and the second is the internal implant which is placed under the skin.

Hearing with a Cochlear Implant:

- **Sound Processor:** captures sound from the environment. Processes sound into digital information. Transmits to the implant over a transmitting antenna, or headpiece, held in place by magnets in both the headpiece and implant.
- **Implant:** converts digital information into electrical signals. Sends signals down tiny wires to the electrode array in the inner ear.
- **Electrode Array:** delivers electrical signals through tiny contacts, or electrodes, to the hearing nerve. The hearing nerve carries the sound information to the brain, where it is heard.

3. What is involved in the evaluation process?
4. What does surgery entail?
5. Will insurance cover?
6. How often to return for mappings?
7. What to do if it breaks down?
8. How quickly can it be replaced?
9. What is the percentage of device failure or reimplantation?
10. What school is recommended? Educational philosophy?
11. What is the family's role at home?
12. What are the expectations for a child?

Cochlear Implant Surgeons in New York State

Program	Address	Phone
CNY ENT Consultants	1100 East Genesee Street Syracuse, NY 13210	(315) 476-3124
Upstate Medical University	Upstate Medical University 750 East Adams Street Syracuse, NY 13210	(315) 464-4633
University of Rochester Medical Center	2365 S. Clinton Avenue Rochester, NY 14618	(585) 758-5700
Buffalo Hearing and Speech Center	50 E. North Street Buffalo, NY 14203	(716) 885-8318
Northeast Ear Institute	6 Executive Park Drive, Entrance C Albany, NY 12203	(518) 482-9111
Albany Medical Center	43 New Scotland Avenue MC-154 Albany, NY 12208	(518) 262-4535
Bassett Hospital	1 Atwell Road Division of Otolaryngology–Audiology Cooperstown, NY 13326	(607) 547-6648
New York City Beth Israel Medical Center	10 Union Square East Suite 2K New York, NY 10003	(212) 844-8448
NYU Hearing and Speech Center	660 First Avenue, 7 th Floor New York, NY 10016	(212) 263-7567
Long Island Jewish Hospital	430 Lakeville Road Apelian Cochlear Implant Center New Hyde Park, NY 11040	(516) 470-8910
Mt. Sinai Hospital	1 Gustave Levy Place New York, NY 10029	(212) 241-5944
NY Presbyterian Hospital/Columbia University	180 Fort Washington Avenue, 7 th Floor New York, NY 10032	(212) 305-1696

For more information on out of state facilities, including New York City and surrounding boroughs, please refer to the individual manufacturers.

- Advanced Bionics: www.bionicear.com
- Med-EI: www.medel.com
- Cochlear Corporation: www.cochlear.com

Sign Language Classes

AURORA of Central New York

- Offers classes in American Sign Language on an ongoing basis throughout the year
- Classes last for eight weeks
- Cost: \$90

CONTACT: AURORA of Central New York
(315)-422-7263 (voice)
(315) 422-9746 (TDD)
(315) 422-4792 (fax)

Children's Therapy Network

- With sufficient interest, offers classes for families of children enrolled in Early Intervention
- Classes last eight weeks and are free for families of eligible children

CONTACT: Kathy Hobson at Children's Therapy Network
(315) 437-4689

WHOLE ME, Inc.

- Certified Baby Sign Consultants offering parent workshops and baby sign classes
- Offers Beginner, Intermediate and Advanced Sign Language classes
- Offers specialized training for teachers, interpreters and health-care professionals
- Classes range from 4-8 weeks continuously throughout the year.
- Cost varies depending on class.

CONTACT: Christine Kovar, MSCI
WHOLE ME, Inc.
(315) 468-3275 V/TTY/VP
(315) 468-3276 Fax

Local school districts, BOCES, colleges/universities and/or community agencies may periodically offer sign language instruction as part of their adult education courses. Contact your local school district to see if and when sign language classes are offered.

Basic Rules to Develop Listening Skills

- Select sounds and call them to your child's attention.
- Respond to these sounds by pointing to your ear with a wide-eyed expression saying,
- Always associate sounds and their sources.
- Always respond positively to your child when she/he reacts to sounds.
- Construct listening and responding games that are fun for your child.

Basic Rules for Talking

Obtain and maintain your child's attention

- Get down on the child's level and face him/her so he/she can watch your lip movements and facial expressions.
- Talk in a normal voice. You don't need to shout or exaggerate lip movements.
- Let your face and your voice tell your child that what you are doing is interesting and fun.
- Let your child actively participate whenever possible; language is best learned while doing.

Make your talking meaningful

- Talk about the here and now.
- Tune into your child; talk about what interests him/her.
- Use short simple sentences.
- Say the obvious
- At times, talk for your child
- Everything has a name – use the name
- Put your child's feelings into words
- Give your child a chance to respond
- Say things over and over
- When using a single word, put it back into a sentence

Respond when your child talks

- Encourage and give your child a chance to talk; be a listener as well as a talker
- Respond when your child tries to talk
- Reward your child when she/he attempts to say a word
- Repeat the child's word and put it back into a sentence
- Build on your child's present vocabulary by adding new words
- When a child uses incorrect language or pronunciation, repeat it correctly
- When your child expresses an idea, expand his/her thoughts by adding more information

Placement Tips for the Classroom

The aim of this checklist is to help you find the most appropriate placement for your hearing impaired child in an inclusive classroom setting. The authors recommend that each of the following items be evaluated through classroom observation(s). Note your observations even though you may not have a lot of objective data and may find yourself reacting to gut feelings. Trust your instincts. Ask other parents of children in the classroom (or parents of other students in the school) what their experiences have been.

No placement decision is final. You should have the opportunity to observe and interact with the teacher and other school personnel, especially if you have concerns about the classroom or school situation. Your review of these issues should be an ongoing process of reassessment.

I. Physical Environment

Structure:

- Is the room size conducive to learning? A large room/high ceiling can distort sound; a small room may be noisier.
- What is the number of and size of windows? Large number may increase noise levels and distractions
- Is the school set up as an open school with open classrooms or is it more traditional?
- Is the room adequately lit? Lighting and shadows may affect speechreading.

Acoustic Treatment for Noise Reduction:

- Is the entire classroom carpeted?
- Is the hallway carpeted?
- Are there acoustical tiles on the ceiling?
- Are there shades, blinds, curtains, drapes, etc., on the windows? These reduce noise and/or distractions.
- Are there cork boards/bulletin boards on the walls? These boards decrease noise levels.

Noise Levels: What is the noise level-

- In the classroom? (students, heater, fish tank, fan, etc.)
- In the hallway? (students, lockers, etc.)
- Outside the building? (traffic, playground, etc.)

Other Considerations:

- Are assorted visual aids used (blackboard, pictures, teaching aids, etc.)?
- How many students are in the class?
- What is the adult/student ratio?
- What is the average distance between the teacher and the students?
- Does the school rely on the public address system for announcements? If so, is a signal given before the message?

II. Teacher

Teacher Style:

- Does the teacher provide a good language model for the students?
- How does the teacher present information? Does the teacher typically face the students?
- What are the teacher's speaking skills (enunciation, clarity of speech, rate of speech, loudness of voice, intonation, rhythm, facial expression, etc.)?
- Are the instructions clear to the students? Does the teacher repeat himself/herself?

Other Features to Note:

- What is the teacher's attitude towards having a hearing-impaired student in the classroom?
- Is the teacher willing and able to spend time with the parent(s)?
- Has the teacher ever taught a hearing-impaired student?
- Has the teacher received any formal training regarding hearing impairment?
- What does the teacher know about personal hearing aids, group amplification systems (FM auditory trainers)?
- What is the teacher's attitude regarding management and discipline?
- Consider evaluating other personnel regarding the above issues (teacher aides, interpreters, tutors, notetakers, etc.)

III. Philosophy of School

- Have there been other special-needs children in the school?
- Do the teacher, principal, and other personnel seem agreeable to having a hearing-impaired student in the school?

IV. Information Regarding the Child

Student's Management of Hearing Loss: *(may not apply to children under the age of three)*

- What does your child do when he/she does not hear? Tells speaker he/she did not hear, requests repetition, etc.)
- What is your child's attitude towards his/her hearing loss?

Hearing Aid Maintenance/Monitoring Skills: *(may not apply to children under the age of three)*

- Does your child take responsibility for his/her hearing aids? Inserts own earmolds, hearing aids; tells adult if the battery is not working, etc.

Child Characteristics:

Compare your child's performance with other students in the classroom in the following areas:

- Attending behavior
- Listening behavior in noise
- Listening behavior in quiet

- Social/emotional maturity
- Communications skills in speech, reading, writing, understanding, and verbal expression (spoken language)

Other Important Issues to Consider:

- Child’s physical size/development
- Play skills
- Academic/intelligence level
- Peer acceptance
- Independence in completing tasks, resolving conflicts and confrontations
- Sibling relationships

V. Special Services

Are qualified personnel available to provide evaluation and/or intervention in the following areas:

- Speech-language pathology
- Educational audiology
- Hearing impaired resources
- Occupational therapy
- Physical therapy
- Counseling
- Psychology

VI. Miscellaneous

- Transportation to/from school
- Cost (if any)
- Family concerns

The above information may lead to questions, concerns and/or requests to be discussed at the IFSP or Individual Education Plan/Program (IEP) meeting. Some of the above issues must be acted upon as objectives/special needs in the IFSP/IEP.

Be your child’s best advocate!

Source: from Goldberg, Niehl, Metropoulos, 1989. The Volta Review 91(7), Reprinted with permission.

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Commonly Asked Questions

1. Can I get help for my child right away?

If your child is birth to 3 years, he/she can receive Early Intervention (EI) services through the Onondaga County Health Department. EI provides your family with a service coordinator and a range of services and supports. You, your service coordinator and the clinicians who have evaluated your child will develop an Individualized Family Service Plan (IFSP). For EI information and referral call the EI intake coordinator at 435-3230.

If your child is 3 or 4 years of age, he or she may be eligible for Preschool Special Education services which are accessed through your school district's Committee on Preschool Special Education (CPSE) office. You, the CPSE and the clinicians who have evaluated your child will develop an Individualized Education Plan (IEP). For more information, contact your school district.

There are no out of pocket expenses for early intervention or preschool special education evaluations or services.

2. Can you tell me a little bit about the people who may work with my child and family? The following is a list of people you may encounter, and a short description of their job responsibilities.

- a. **Audiologist:** A professional who tests your child's hearing and prescribes the appropriate hearing aids.
- b. **Auditory-Verbal Therapist:** A certified professional who works in a 1:1 child/parent setting to maximize a child's residual hearing for spoken communication within the Auditory-Verbal Approach.
- c. **Hearing Aid Dealer:** Provides the child with appropriate hearing aids, using recommendations from the audiologist.
- d. **Occupational Therapist:** Helps the child develop upper-body strength and fine motor skills. Also helps children who have difficulty with sensory integration.
- e. **Physical Therapist:** Helps a child develop gross motor skills, such as rolling over, sitting and walking.
- f. **Early Intervention Service Coordinator:** Is responsible for obtaining services recommended on the IFSP (e.g., a speech therapist), completing necessary paperwork, contacting and supporting the family, providing requested assistance, holding IFSP meetings, and coordinating the transition process to preschool.
- g. **Speech Language Pathologist:** Licensed therapist who provides language therapy, speech therapy (e.g. articulation of specific sounds and words) and oral-motor development (strengthening the muscles of the face and mouth to facilitate speech).
- h. **Teacher of the Hearing Impaired:** Provides language therapy, auditory training, communication instruction to the family (e.g. sign language, cued speech, speech-reading), cognitive therapy to facilitate overall development, and information to families concerning social issues related to deafness, as well as educational options for their child.

3. When should I start therapy services for my child?

As soon as your child is diagnosed with a hearing loss. Normal-hearing children begin hearing their families talk to them almost from birth. By the time they are ready to speak at ten to twelve months of age, they have had almost a year of hearing language. The hearing impaired child does not have the input of speech and language around him until he is diagnosed, fitted with a hearing aid and begins a program of communication therapy.

4. Will hearing aids allow my child to hear normally?

A hearing aid will make sounds louder, but will not necessarily make words and sounds clear. It takes time to learn to use a hearing aid; a child may not respond immediately to amplification.

5. When will my child talk?

This is a difficult question to answer because it depends on many variables, such as when speech/language intervention and amplification began, use of amplification, good speech models, and etiology of the hearing loss.

6. Will my child have to have amplification forever?

Once a significant hearing loss is identified, it is likely that the child will have to wear hearing device(s) on a regular, routine basis. The style of the hearing device may change as the child becomes older and becomes responsible for his own hearing device(s).

7. Will the hearing loss get worse?

Every child is different, therefore it is critical that your child have regular audiological evaluations (approximately every three months).

8. Who do I contact about the cause of my child's hearing loss?

Your primary care physician is the best place to start. He or she may refer you to a specialist such as a geneticist.

9. What kind of amplification does my child need?

In-The-Ear (ITE) hearing aids do not provide enough user amplification for severe/profound sensorineural hearing loss. Children who are identified with significant hearing losses will need to have earmold remakes made while they continue to grow and develop. It is much easier to change an earmold for a Behind-The-Ear (BTE) device than it is to remake the case for an In-The-Ear Hearing device. In addition, In-The-Ear devices cannot usually be coupled to an FM System and do not provide the flexibility of adjustments that most BTE hearing aids do.

Services and Resources

Program	Contact Information	Website/Email	Philosophy
Auditory Learning Center	Phillips House-NYGH 10 Buchan Court Toronto, Ontario, Canada M2J1V2 (416) 491-4648	www.learningtolisten.org	Auditory-Verbal
Buffalo Speech and Hearing Center	50 East North Street Buffalo, N.Y. 14203 (716) 885-8318 Phone (716) 882-4319 Fax	Info@askbhsc.org	Aural/Oral
Hear 2 Learn	404 Oak Street Suite 202 Syracuse, N.Y. 13203 (315) 701-5710	www.hear-2-learn.com	Providers in auditory-verbal, auditory-oral, and total communication
Clarke School for the Deaf/ Center for Oral Education	Round Hill Road Northampton, MA 01060 (413) 584-3450	www.clarke.org	Aural/Oral
John Tracy Clinic	806 W. Adams Blvd. Los Angeles, C.A. 90007 (213) 748-5481 (213) 747-2924 TTY	www.jtc.org	Offers a free correspondence course for all parents
New York State School for the Deaf	Turin Street Rome, N.Y. 13440 (315) 337-8400		Total Communication ASL
St. Mary's School for the Deaf	2253 Main Street Buffalo, N.Y. 14214 (716) 834-7200	www.smsdk12.org	Aural/Oral PreK
Rochester School for the Deaf	1545 St. Paul Street Rochester, N.Y. 14621		Bilingual/Bicultural
OCM BOCES Program for the Deaf and Hard of Hearing	103 3 rd Street Solvay, N.Y. 13209 (315) 488-0937	www.ocmboces.org	Total Communication
OCM BOCES Children's Village Preschool Program	6655 Kirkville Road E. Syracuse, N.Y. 13057 (315) 437-0289	www.ocmboces.org	Aural/Oral TC
North Syracuse Early Education Program	Main Street School 205 S. Main Street North Syracuse, N.Y. 13212 (315) 452-3021	www.nscd.cnyric.org	Total Communication
WHOLE ME INC.	1015 State Fair Blvd. Syracuse, N.Y. 13209 (315) 468-3275 Phone (315) 468-3275 Fax	www.wholemeinc.com	Bilingual/Bi-Cultural Total Communication

Community Resources

Aurora of Central New York

Aurora of Central New York is a not-for-profit rehabilitation agency which provides services to people who are blind, deaf, visually impaired and hard-of-hearing. Among the services it provides are:

- Independent daily living instruction
- Youth education (e.g. orientation and mobility instruction, summer camp programs)
- Counseling for adjustment to sensory impairment
- Senior vision screening and seminars
- Low vision services
- Personal service volunteers
- Job and vocational services
- Interpreter referral services
- Sign language instruction
- Improved public awareness
- Substance abuse prevention
- Shared reading project (315) 422-2321

CONTACT: Aurora of Central New York
518 James Street, Syracuse, New York 13203
(315) 422-7263 (Voice)
(315) 422-9746 (TDD)

Central New York TRAIID Center/Project Adapt Lending Library

The TRAIID (Technology Related Assistance for Individuals with Disabilities) Center provides information, borrowing and referral services for people with disabilities, their families and professionals in the field. The TRAIID Center provides information and referral services regarding assistive technology, a Verizon adapted telephone demonstration program and advocacy information. Project Adapt is an assistive technology lending library where families and professionals may borrow adaptive toys and other adaptive equipment free of charge. The TRAIID Center also gratefully accepts donations of items and adapted equipment that are in good condition and can be “re-circulated” in the community.

The Central New York TRAIID Center serves Onondaga, Madison, Cayuga, Tompkins, Cortland and Oswego counties. A rural outreach project has been developed to make monthly visits to the counties other than Onondaga County.

CONTACT: Sandi Nelson
Central New York TRAIID Center/Project Adapt at ENABLE
1603 Court Street, Syracuse, New York 13208
(315) 455-7591 ext. 206 (voice) (315) 455-1794 (TTY)
(315) 455-1230 (fax)
snelson@enable1.org

Early Childhood Direction Center (ECDC)

The Early Childhood Direction Center is a regional clearinghouse providing information, referral and support to families and professionals concerned with young children who may have a special need. The ECDC is part of a statewide network funded by the New York State Education Department and is based at Syracuse University. Services provided include:

- Information about child development
- Observing, screening and referring children for possible special needs
- Facilitating inclusion for children with special needs
- Information about funding and financial assistance (e.g. SSI, Medicaid)
- Information about programs and services in Central New York
- Dealing with “the system” – policies, regulations, laws and rights
- Information sheets for families on a range of topics
- Parent-to-parent resources

CONTACT: Early Childhood Direction Center
805 South Crouse Avenue, Syracuse, New York 13244
(315) 443-4444, 1-800-962-5488

Exceptional Family Resources

Exceptional Family Resources is a family-centered, non-profit multi-service agency which provides information, support, advocacy and respite services to families of children with developmental disabilities. Services provided include:

- Take A Break – temporary relief care to families
- Recreation – after-school program, community recreation
- Personalized family support
- Home and Community-Based Service Waiver– residential habilitation and service coordination
- Outreach
- Directory of Services
- Advocacy services

CONTACT: Exceptional Family Resources
1065 James Street, Suite 220, Syracuse, New York 13203
(315) 478-1462 (voice), (315) 478-1467 (fax)
general@contactefr.org
www.contactefr.org

Hear 2 Learn

A multidisciplinary agency that provides individualized therapy, family support, and community outreach for resources for children of all ages with hearing loss.

- Varying professional services
- A family resource room for information of hearing loss, communication philosophies and assistive technology
- Educational consulting for cochlear implants

- Parent training and support groups
- Lending library of resources
- Staff workshop and training seminars on topics related to hearing impairment in children

CONTACT: Hear 2 Learn
 404 Oak Street #202, Syracuse, N.Y. 13203
 (315) 701-5710

Newborn Hearing Task Force

The Newborn Hearing Task Force is a group of parents, providers and Bureau of Special Children Services staff who meet periodically to discuss issues relating to Universal Newborn Hearing Screening services and trends in audiology and other topics which are of interest to the group or the community at large.

CONTACT: Amy Pilacky, Bureau of Special Children Services
 501 E Fayette Street, Suite B, Syracuse, N.Y. 13202
 (315) 435-3230 (voice), (315) 435-2678 (fax)

WHOLE ME, Inc.

WHOLE ME, Inc. is a Family-Centered non-profit organization that addresses the Educational, Social and Community needs of deaf, hard-of-hearing and hearing youth. This organization offers an integrated approach to life-long learning.

- Advocacy and rights awareness for deaf and hard-of-hearing individuals and families
- After-school program for deaf, hard-of-hearing and hearing children K-12
- American Sign Language classes for all levels
- Certified Baby Sign consultants and Instructors
- Literacy training and development for deaf/hard-of-hearing students
- Parent and sibling support groups
- Parent Advocacy
- Professional development workshops for teachers, interpreters and health-care providers
- Socializing opportunities for children and families
- Transition training to post-secondary or employment settings

CONTACT: WHOLE ME, Inc.
 1015 State Fair Boulevard, Syracuse, N.Y. 13209
 (315) 468-3275 V/TTY/VP, (315) 468-3276 FAX
www.wholemeinc@juno.com

Summer Programs for Preschool Hearing Impaired Children

Your child's IEP may indicate the necessity for summer services. This is a six-week program, and often occurs at the same site as the school year program.

Lourdes Camp is a summer camp on Skaneateles Lake. It is open to hearing and hearing impaired children ages 4- 18. It is a state-certified summer-school option, and fees are paid by your school district. Activities include hiking, boating and swimming. The academic program includes speech therapy.

CONTACT: Freida Heckman, at AURORA of Central New York
(315) 422-7263 (Voice)
(315) 422-9746 (TDD)
(315) 422-4792 (fax)

Additionally, **The National Deaf Education Network and Clearinghouse** provides a list of national summer camps for children who are deaf or hard of hearing. Some of these camps accept preschool-aged children.

CONTACT: The National Deaf Education Network and Clearinghouse
KDES PAS-6
800 Florida Avenue, NE, Washington, D.C. 20002-3695
(202) 651-5340 – (Voice/TTY)
(202) 651-5708 (fax)
www.gallaudet.edu/~precpweb/index.html
Clearinghouse.Infotogo@gallaudet.edu

OCM BOCES offers a six-week summer session for students in the hearing-impaired preschool class. Placement in the summer session is included on the IEP for Preschool Children.

Exceptional Family Resources provides a summer guide with many available options. Call 478-1462.

Organizations and Financial Assistance

American Speech-Language-Hearing Association

Health Care Financing Division
10801 Rockville Pike
Rockville, MD 20852
301/897-5700 (voice/TTY), 800/638-8255
(voice/TTY)
www.asha.org

Anne Ford Scholarship

National Center for Learning Disabilities, Inc.
381 Park Avenue South, Suite 1401
New York, NY 10016-8806
212/545-7510 (voice), 212/545-9665 (fax)
Grant Funding

Assistive Technology Loan Fund

804/662-7606 (voice/TTY)
Mike Scione: loanfund@erols.com (email)

Wachovia on Call:
800/922-4684 (voice), 800/926-9224 (TTY)
Assistive Listening Devices, Hearing Aides, Grant
Funding

Children's Medical Security Insurance Plan

877/822-6747 (voice)
www.insurekidsnow.gov
Health Management

Deafness Resource Foundation

New York, New York 10017
212/599-0027 (voice), 800/535-DEAF (TTY)
212/599-0039 (fax)
Contact this office to learn more about its services
for residents

Disabled Children's Relief Fund

PO Box 7420, Freeport, NY 11520
516/377-1605 (voice)
Hearing Aids, Rehabilitative Services

The Ear Research Foundation

1901 Floyd Street, Sarasota, FL 34239
813/366-1148 (voice), 813/366-8422 (fax)
Contact this office to learn more about its services
for residents

Easter Seals Hearing and Speech Center

6319 Castle Place, Falls Church, VA 22044
703/538-4480 (voice), 703/538-2407 (TTY)
Hearing Aids

Foundation for Exceptional Children

1920 Association Drive, Reston, VA 22091
703/620-1054 (voice)
fec@cec.sped.org (e-mail)
www.cec.sped.org (website)
Education

Foundation for Science and Disability, Inc.

503 NW 89th Street
Gainesville, FL 32607-1400
Education

Gallaudet University

800 Florida Avenue NE
Washington, DC 20002-3695
(Mary Thornberry Building, Room 121)
202/651-5328 (voice/TTY)
Provides full range of hearing and speech-language
services to clients of all ages. You do not need to
be affiliated with Gallaudet. Provides hearing aid
evaluations, hearing aid checks, and sells hearing
aids.

Geoffrey Foundation

PO Box 1112, Kennebunkport, ME 04046
207/967-5798 (voice)
Grant Funding, Education

Heal The Children

PO Box 129, New Medford, CT 06776
203/355-1828 (voice)
Health Management

Heath Resource Center

One Dupont Circle, Suite 800
Washington, DC 20036-1193
202/939-9320 (voice), 202/833-4760 (fax)
heath@ace.nche.edu (e-mail)
www.acenet.edu (website)
Education

HEAR NOW

9745 East Hampden Avenue, Suite 300
Denver, CO 80231-4923
303/695-7797 (voice/TTY)
800/648-HEAR (voice/TTY)
303/695-7789 (fax)
Hearing Aids, Cochlear Implant

House Ear Institute

2100 West 3rd Street, 5th Floor
Los Angeles, CA 90057
213/483-4431 (voice), 213/484-2642 (TTY)
National non-profit organization dedicated to
research with a clinical application to patients'
problems in hearing and balance disorders.

John Tracy Clinic

806 West Adams Blvd. Los Angeles, CA 90007
800/522-4582 (voice), 213/748-5481 (voice),
213/747-2924 (TTY)
213/794-1651 (fax)
www.johntracyclinic.org
Distance Learning, Rehabilitative Services

Kids Klub Foundation

Community Foundation
for Southeastern Michigan
333 West Fort Street, Suite 2010
Detroit, MI 48226
313/961-6675 (voice)
Non-profit charity fund established by Unitron
Industries.

March of Dimes Birth Defect Foundation (MOD)

1275 Mamaroneck Avenue
White Plains, NY 10605
914/428-7100

Medicaid

800/552-8627 (voice)
Long message, stay on line for representative.

Minnie Pearl Scholarship Fund

Ear Foundation
1817 Patterson Street, Nashville, TN 37203
800/545-HEAR or 615/329-7807 (voice)
www.earfoundation.org (website)

Mitsubishi Electronics America, Inc.

816 Connecticut Avenue NW, Suite 600
Washington, DC 20006
202/233-3424 (voice), 202/755-0116 (fax)

The National Cristina Foundation, Inc.

181 Harbor Drive, Stamford, CT 06902
203/967-8000 (voice), 203/406-9725 (fax)
ncf@cristina.org
Directs obsolete and surplus computers and
software to people with disabilities and other
special needs throughout the U.S.

National Ear Care Plan (NECP)

6825 E. Tennessee Avenue, Suite 415
Denver, CO 80224-1632
800/333-3389 (voice/TTY)
303/399-1212 (voice/TTY)
303/399-7719 (fax)
info@necp.com (e-mail)
www.necp.com (web)
Assistive Listening Devices, Hearing Aids

New York Office of Vocational Rehabilitation

518/474-2714 (voice)
Contact this office to learn more about its services
for residents.

Sertoma International

Leslie Freese

1912 E. Meyer Boulevard, Kansas City, MO 64132-1174

816/333-8300 (voice/TTY)

816/333-4320 (fax)

infosertoma@sertoma.org (e-mail)

Affiliated with local speech and hearing centers to which they give scholarships and provide grants for projects on speech and hearing. Very active hearing aid recycling program.

Education

Books and Publications

The Early Childhood Direction Center provides these free booklets for parents:

- [A Guide to Preschool Special Education](#) – A booklet developed by the ECDC to explain how Preschool Special Education works, what your rights are and what you can expect each step of the process.
- [A Guide to Special Education](#) – A booklet developed by the ECDC to explain what Special Education at the school-aged level is like, what your rights are and what to expect from your district.
- [Moving On...From Preschool to Kindergarten](#) – A booklet focusing on the transition of a child with special needs from Preschool to Kindergarten with a focus on how to build partnerships with your school district.
- [How I Grow Birth Through Five: A Guidebook for Parents](#) – This booklet was developed for statewide distribution. In a calendar format, the booklet offers tips on what to expect at each age and what parents can do to encourage their child's development.

CONTACT: The Early Childhood Direction Center, Syracuse University
805 South Crouse Avenue, Syracuse, New York 13224
(315) 443-4444, (800) 962-5488

The Gallaudet University Press has published more than 200 titles on deafness-related subjects, including scholarly and general interest books, children's books, sign language books and textbooks.

CONTACT: Gallaudet University Press
Chicago Distribution Center
11030 South Langley Avenue, Chicago, IL 60628
800-621-2736 (Voice), 888-630-9347 (TTY)
800-621-8476 (fax)
<http://gupress.gallaudet.edu>

Harris Communications offers a wide variety of products for deaf and hard-of hearing individuals, including reference books and videos, children's books and videos, gift items and technological products

CONTACT: Harris Communications, Inc.
15159 Technology Drive
Eden Prairie, MN 55344-2277
888-257-5160 (Voice), 800-582-9237 (TTY)
800-211-4360 (VCO)
(612) 906-1099 (fax)

The Onondaga County Public Library system has sign language videotapes available. They may be reserved and picked up at any of their local branch libraries.

CONTACT: Onondaga County Public Library
447 South Salina Street, Syracuse, New York 13202
(315) 435-1800

Websites of Interest

Philosophy and Communication:

www.agbell.org	Alexander Graham Bell Association for the Deaf
www.nad.org	National Association of the Deaf
www.oraldeafed.org	Oral Education
www.jtc.org	John Tracy Clinic
www.deafwordweb.org/dww.kids	Deaf World
www.clarke.org	Clarke School for the Deaf
www.learningtolisten.org	Learning to Listen Foundation

Overall Information:

www.babyhearing.com	Infant hearing
www.cici.org	Cochlear Implants
www.listen-up.org	Hearing Loss Information
www.boystown.org	Boystown Hospital
www.gohear.org	Family Support for Deafness
www.deafworldweb.org/dww.kids	Support Page for Deafness
www.audiology.org	American Academy of Audiology
www.asha.org	American Speech and Hearing Association
www.cidmac.wust.edu	Central Institute for the Deaf
www.nih.gov/nidcd/health/parents.htm	National Institute of Health
www.bioiccar.com	Advanced Bionics
www.agbell.org	Alexander Graham Bell

www.apraxia-kids.org
www.neurophys.wisc.edu
www.auditoryneuropathy.tripod.com
www.auditoryoptions.org
www.auditory-verbal.org
www.babyhearing.org
www.acousticalsurfaces.com
www.health.state.ny.us
www.clerccenter.galladet.edu
www.geneclinics.org
www.cochlear.com
www.cici.org
www.ericec.org
www.auditoryverbaltraining.org
www.familysupportconnecton.org
www.coolgal.biz
www.kidlfyxkreation.com
www.zerotothree.org
www.infanthearing.org
wps.prenhall.com
raisingdeafkids.org
www.helpkidshear.org
www.beginningssvcs.com
www.jcih.org
www.johntracyclinic.org
www.listen-up.org
www.nad.org
www.nidcd.nih.gov
www.oraldeafed.org
www.learningtolisten.org

Apraxia
Auditory Animations
Auditory Neuropathy
Auditory Options
Auditory-Verbal International
Boys Town National Research Hospital
Controlling Acoustics
DOH: Early Intervention Program
Gallaudet Clerc Center
Genetics
Cochlear Corporation
Cochlear Implant Association, Inc.
Educational Resources Information Center
Ellen Rhodes
Family Support Connection
Fun Products for Children With Hearing Loss
Fun Products for Amplification
Early Childhood Development
Infant Hearing
Infant Language and Literacy
Information on Children with Hearing Loss
Parent Centered Resource
Parent Resource
Joint Committee on Infant Hearing
John Tracy Clinic
Listen Up
National Association for the Deaf
National Institute on Deafness
Oral Deaf Education
Warren Estabrooks Website

References

- Benson, P., De-Conde-Johnson, C., Seaton, J., (1997) Educational Audiology Handbook, San Diego, CA: Singular Publishing Group, Inc.
- Bollard, P., Chute, P., Popp, A., Parisier, S., (1999) Specific Language Growth in Young Children Using the Clarion Cochlear Implant. *Annals of OtoRhino Laryng.* Suppl. 177, Vol 108, No.4, Part 2, 119-123
- Cheffo, S., (2003), Cochlear Implants in the Mainstream-Lecture, McEvoy BOCES, Cortland, NY
- Flanders, J., (2002) Early Intervention is the Next Step to Independence. *Volta Voices* 9 (1): 12-24
- Geers et al. (In press) Efforts of Educational Choices on the Speech and Language Development of Children Implanted Before Age 5. *Language Speech Hearing Services in Schools.*
- Kirk, K. I., Miyamoto, R. T., Ying, E., Lento, C., O'Neill, T & Ferris, F. (2002) Effects of Age at Implantation in Young Children. *Annals of Otology, Rhinology, & Laryngology*, 111, 69-73
- Kirk, K. I. (2000) Cochlear Implants: New Developments and Results. *Current Opinion in Otolaryngology & Head and Neck Surgery*, 8, 415-420
- Koch, M., (1999) *Bringing Sound to Life*. Baltimore: York Press
- Lynas, W., (1994) *Communication Options in the Education of Deaf Children*. San Diego, CA: Singular Press
- Nevins, M. E., Chute, P. (1996) *Children with Cochlear Implants in Educational Settings*. San Diego-London, Singular Publishing Group, Inc.
- Northern, J., & Downs, M. (1984) *Hearing in Children* (3rd Ed). Baltimore, MD: Williams & Wilkins.

Appendix 1: Acronyms

- ABR (BAER, BSER): Auditory Brainstem Response
- ALD: Assistive Listening Device
- ASSR: Auditory Steady State Response
- AuD: Doctorate of Audiology
- AVT: Auditory Verbal Therapist
- BAER (ABR, BSER): Brainstem Auditory Evoked Response
- BIBI: Binaural/Bicultural Philosophy
- BOCES: Board of Cooperative Educational Services
- BSER (ABR, BAER): Brainstem Evoked Response
- BTE: Behind the Ear (hearing aid)
- COR: Conditioned Orientation Response
- CPSE: Committee on Preschool Special Education
- CSE: Committee on Special Education
- dB: Decibel
- DPOAE: Distortion Product Otoacoustic Emission
- EI: Early Intervention
- EIO: Early Intervention Official
- EIOD: Early Intervention Official Designee
- IEP: Individual Educational Plan
- IFSP: Individual Family Service Plan
- ISC: Initial Service Coordinator
- ITE: In the Ear (hearing aid)
- OAE: Otoacoustic Emmission
- OCHD: Onondaga County Health Department
- OEISC: Ongoing Early Intervention Service Coordinator
- OT: Occupational Therapist
- PT: Physical Therapist
- SI: Special Instruction
- SLP: Speech Language Pathologist
- TC: Total Communication
- TOD/HI: Teacher of the Deaf and Hearing Impaired
- VRA: Visually Reinforced Audiometry