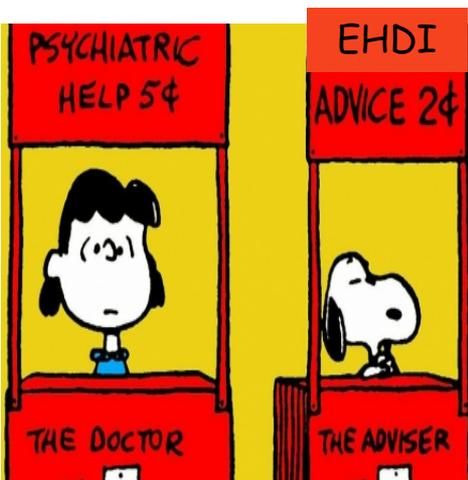


# EXCUSE ME WHILE I CHANGE MY HAT...

Daniel R. Morra, MD FAAP  
Right from the Start Pediatrics  
Illinois AAP EHDI Chapter Champion  
Breese / Shiloh, IL

2019 EHDI Annual Meeting  
Hyatt Regency O'Hare  
Chicago, IL  
March 5, 2019

# DISCLOSURES



MORRA

I HAVE NO FINANCIAL DISCLOSURES. I RECEIVE NO MONETARY GAIN FROM WHAT I AM ABOUT TO PRESENT.

# EXCUSE ME WHILE I CHANGE MY HAT...

Born 1970 – hearing and in a hearing family

Medical student (1992-1996) and pediatric resident (1996 – 1999)

Board certified pediatrician (1999)

Husband to Amy Morra CCC-SLP (2000)

Father to Jack – moderate to severe sensorineural deafness (2002)

Father to Nick – typical hearing (2004)

Father to Luke – severe to profound sensorineural deafness (2007)

Father to two deaf children (and one hearing child)

Illinois American Academy of Pediatrics EHDI Chapter Champion  
(2015)

Learning about deafness (2002 – ∞)

EXCUSE ME WHILE I CHANGE  
MY HAT...



# MY HATS...

Hearing child



Medical student



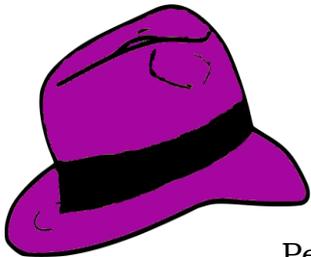
Pediatrician



Husband



Pediatric resident



Father



Father of a deaf child



# TOO MANY HATS AT ONCE?





# WEARING MANY HATS

[WITHOUT  
GOING COMPLETELY  
INSANE]

TICOANDTINA.COM





“Why should anyone be frightened by a hat?”

— **Antoine de Saint-Exupéry**, **The Little Prince**

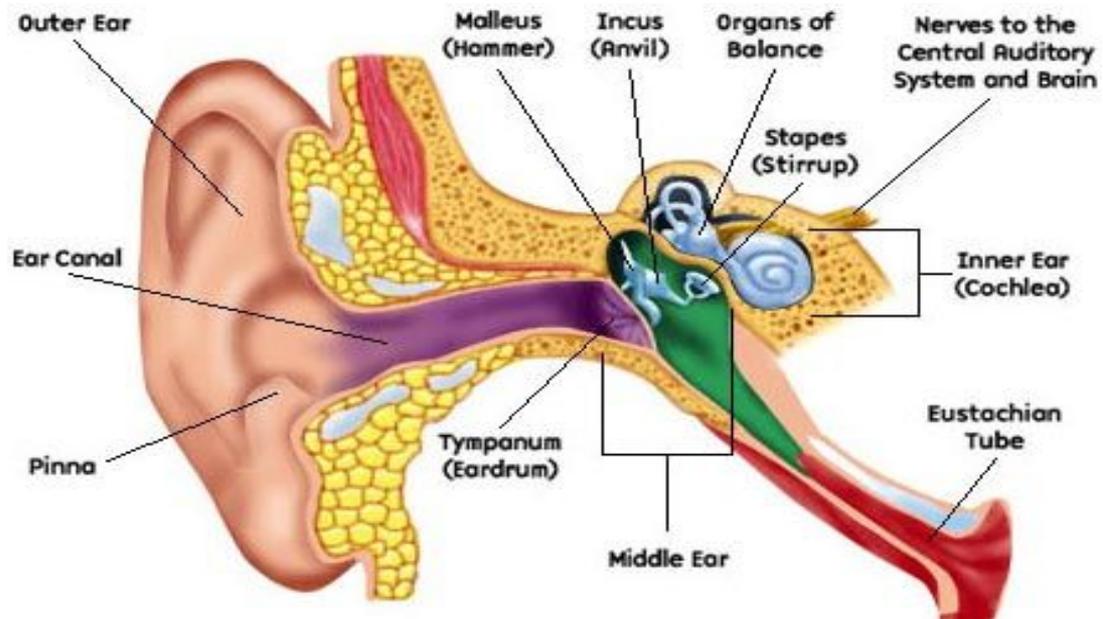
“For no matter what the world, men who deal in headwear are men to be trusted above any other.”

— **Frank Beddor**, **Hatter M, Volume 1: The Looking Glass Wars**

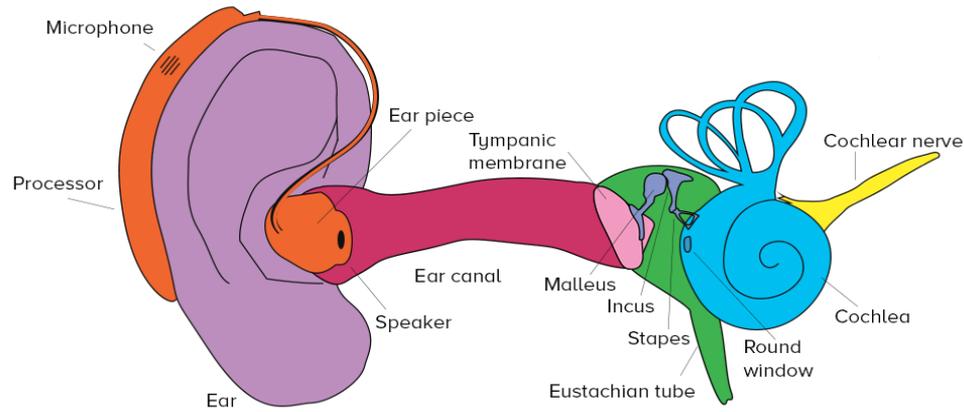
"I myself have 12 hats and each one represents a different personality. Why just be yourself." ~ Margaret Atwood

“It wasn't the wearing of the hat that counted so much as having one to wear. Every trade, every craft had its hat.”

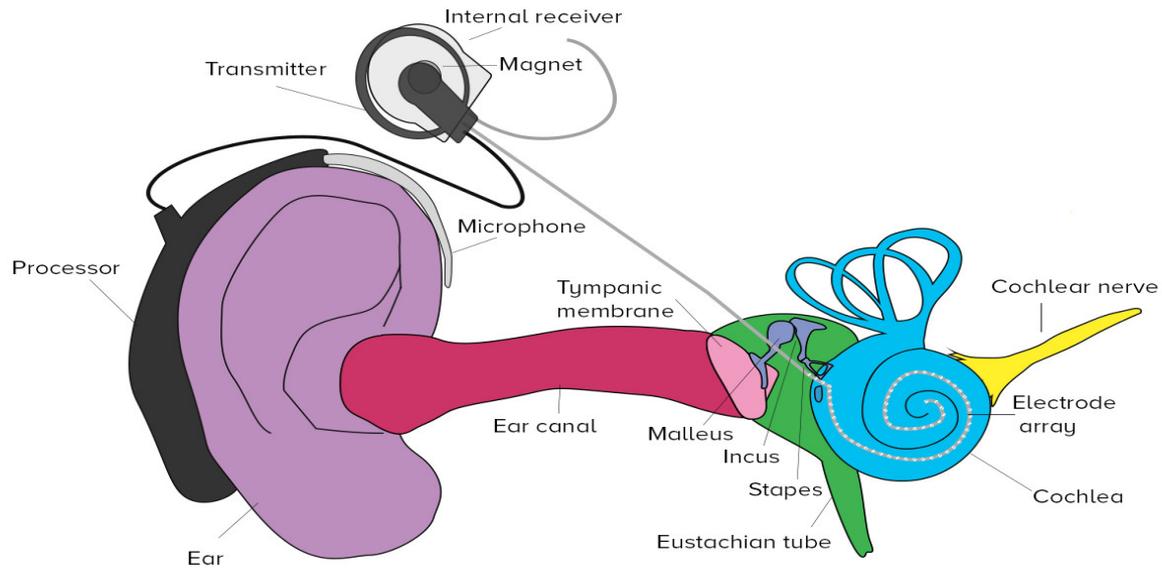
— **Terry Pratchett**, **Witches Abroad**



Jack



Luke



# “HEADGEAR” INSTEAD OF HATS?



# “HEADGEAR” INSTEAD OF HATS?



# “HEADGEAR” INSTEAD OF HATS?



# “HEADGEAR” INSTEAD OF HATS?



# LOTS OF HATS IN CHICAGO...

- ◉ Students
- ◉ State EHDI program staff members
- ◉ Audiologists
- ◉ Physicians and other Health Care Providers
- ◉ Families of children with hearing loss
- ◉ Early Intervention Specialists
- ◉ Speech-Language Pathologists
- ◉ Advocates
- ◉ Representatives from the major organizations working with EHDI programs

# LOTS OF HATS IN NEW JERSEY, ILLINOIS AND ST. LOUIS

- ◉ Dan and Amy
- ◉ Family
- ◉ Nurses
- ◉ Adult audiologist
- ◉ Head of Family Center, Central Institute of the Deaf
- ◉ Child and Family Connections (Early Intervention)
- ◉ IFSP meetings (quite the experience)
- ◉ Developmental therapists – at CID and our home
- ◉ Pediatric audiologist(s)
- ◉ Speech-language pathologists
- ◉ Teachers of the deaf and hard of hearing
- ◉ Childcare providers, babysitters
- ◉ Elementary, middle, and high school teachers
- ◉ School administrators
- ◉ IEP meetings (even more so “quite the experience”)
- ◉ ENT
- ◉ Other docs (educating about EHDI)
- ◉ Other families (Parent-Infant Institute, ISD, Jun 2007)
- ◉ EHDI conference attendees

## WELCOME TO HOLLAND

by

Emily Perl Kingsley

- ⦿ I am often asked to describe the experience of raising a child with a disability - to try to help people who have not shared that unique experience to understand it, to imagine how it would feel. It's like this.....
- ⦿ When you're going to have a baby, it's like planning a fabulous vacation trip - to Italy. You buy a bunch of guide books and make your wonderful plans. The Coliseum. The Michelangelo David. The gondolas in Venice. You may learn some handy phrases in Italian. It's all very exciting.
- ⦿ After months of eager anticipation, the day finally arrives. You pack your bags and off you go. Several hours later, the plane lands. The stewardess comes in and says, "Welcome to Holland."

## WELCOME TO HOLLAND

by

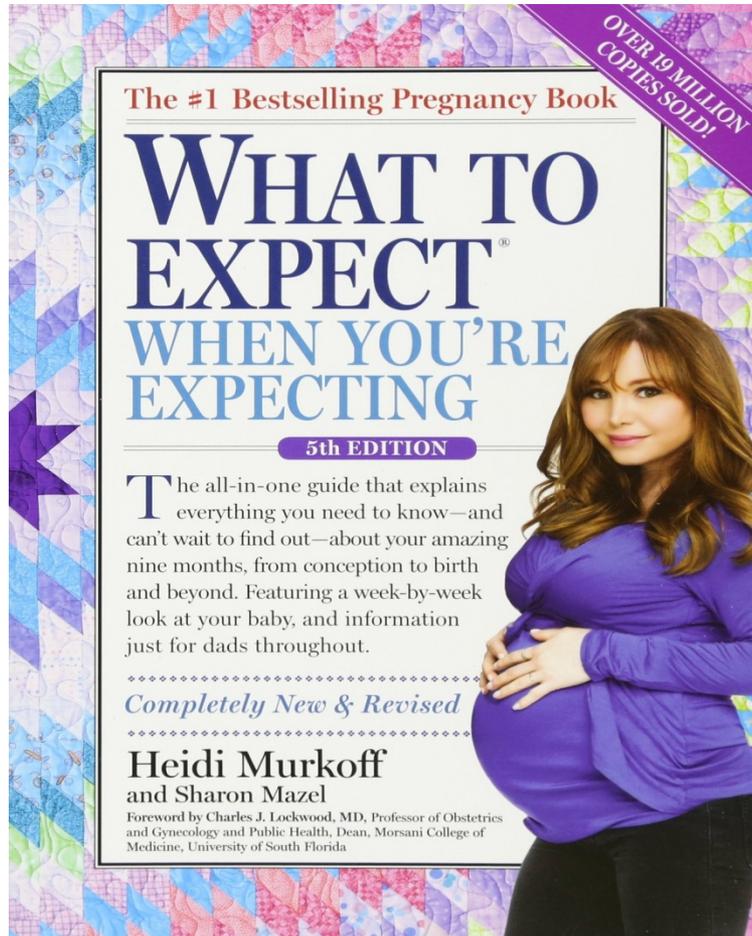
Emily Perl Kingsley

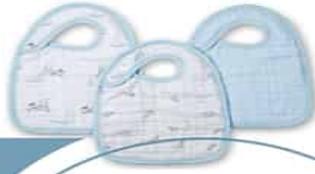
- "Holland?!?" you say. "What do you mean Holland?? I signed up for Italy! I'm supposed to be in Italy. All my life I've dreamed of going to Italy."
- But there's been a change in the flight plan. They've landed in Holland and there you must stay.
- The important thing is that they haven't taken you to a horrible, disgusting, filthy place, full of pestilence, famine and disease. It's just a different place.
- So you must go out and buy new guide books. And you must learn a whole new language. And you will meet a whole new group of people you would never have met.

**WELCOME TO HOLLAND**  
by  
**Emily Perl Kingsley**

- It's just a different place. It's slower-paced than Italy, less flashy than Italy. But after you've been there for a while and you catch your breath, you look around.... and you begin to notice that Holland has windmills....and Holland has tulips. Holland even has Rembrandts.
- But everyone you know is busy coming and going from Italy... and they're all bragging about what a wonderful time they had there. And for the rest of your life, you will say "Yes, that's where I was supposed to go. That's what I had planned."
- And the pain of that will never, ever, ever, ever go away... because the loss of that dream is a very very significant loss.

# What If You Don't Get What You're Expecting?





THE ULTIMATE

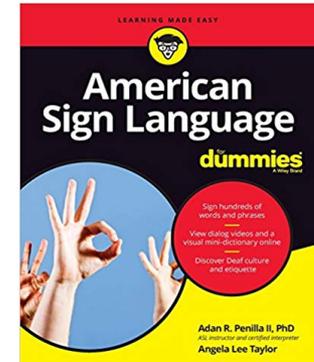
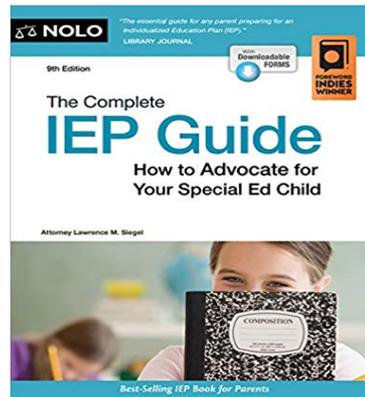
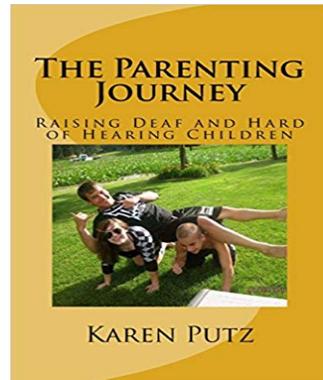
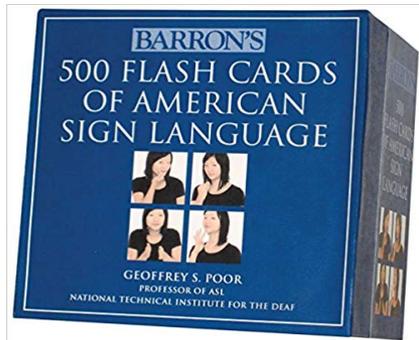
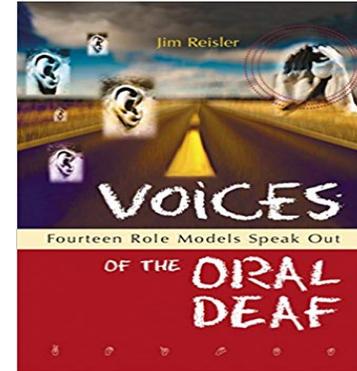
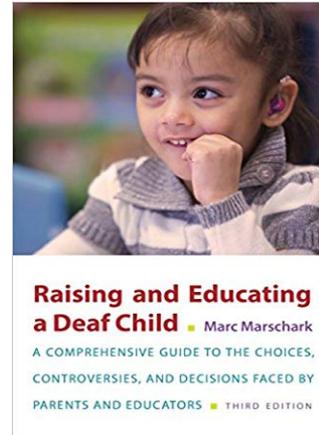
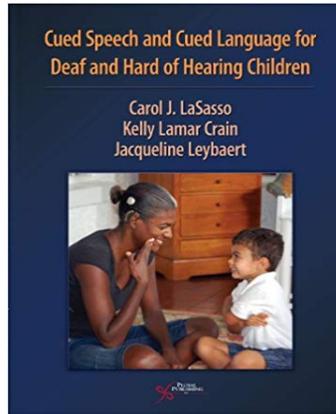
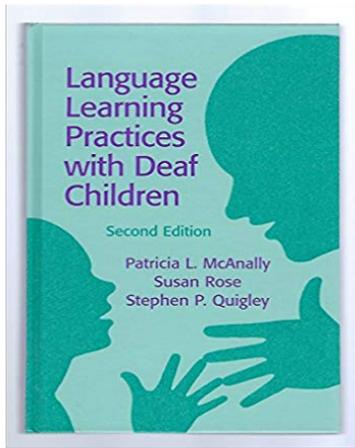
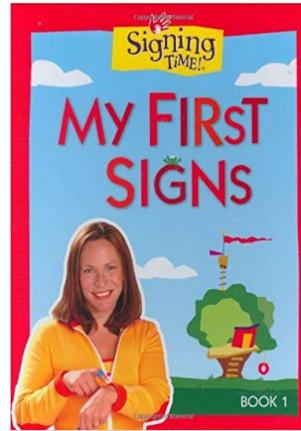
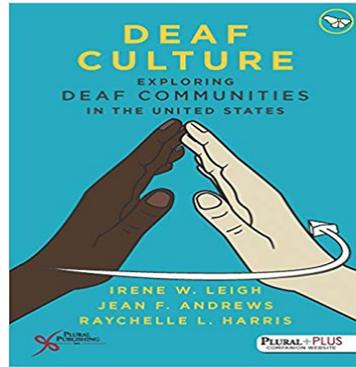
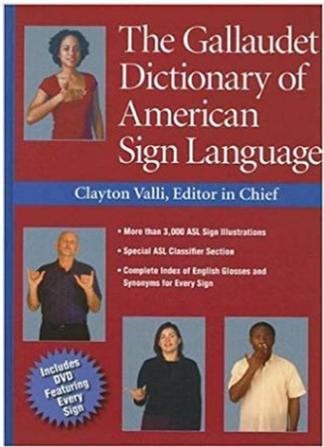


GUIDE









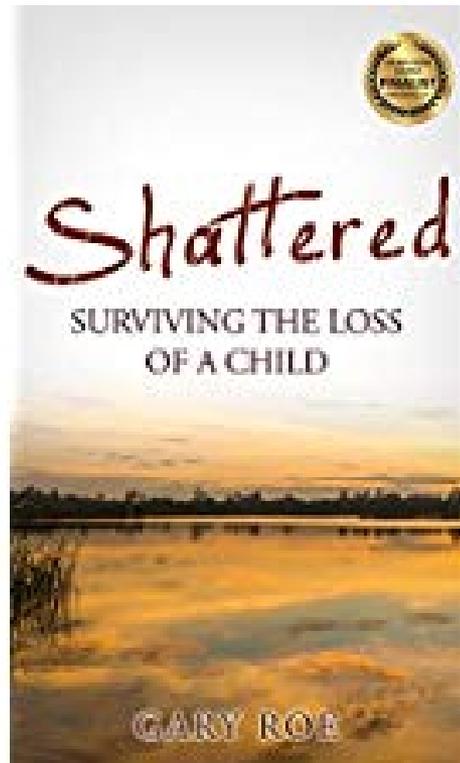
# TIME FOR AN INTERNET SEARCH... (ON A WELL-KNOWN SHOPPING SITE)

◉ new parent books	>10,000
◉ newborn hearing screening	11
◉ newborn hearing	572
◉ newborn hearing books	133
◉ deaf child	>1000
◉ deaf infant	112
◉ deaf newborn	52
◉ parent of child with hearing loss	51
◉ parent of child with hearing loss books	28
◉ parent of infant with hearing loss	4
◉ parent of infant with hearing loss books	0
◉ parent of child with deafness	53

# BEWARE OF WHAT YOU WILL FIND...

- “Parent of child with hearing loss books”

?????



?????

# DON'T BLINK, YOU MIGHT MISS IT

- ◉ Nelson Textbook of Pediatrics 2680 pages – chapter on hearing loss is 9 pages
- ◉ Rudolph Textbook of Pediatrics – 3008 pages – about 10 pages on hearing loss
- ◉ American Academy of Pediatrics Textbook of Pediatric Care – 3192 pages – about 30 pages on hearing, hearing loss, hearing screening, etc.

# WHAT DO DOCTORS KNOW?

Iran J Otorhinolaryngol. 2014 Apr; 26(75): 57–64.

PMCID: PMC3989869

PMID: 24744993

**Study of the Knowledge of Pediatricians and Senior Residents Relating to the Importance of Hearing Impairment and Deafness Screening Among Newborns**

Mehrdad Rogha and Elham Mokhtari

# WHAT DO DOCTORS KNOW?

**Table 2**

Demographic Information of Studied Physicians

What percentage of your practices was composed of infants?	Less than 25%	117 (39)
	Between 25% and 50%	92 (30.7)
	Between 50% and 75%	74 (24.6)
	More than 75%	17 (5.7)
Infants screening for permanent hearing impairment	Important	251 (83.7)
	of little importance	38 (12.7)
	unimportant	11 (3.6)
Dose hearing screening make parents worried?	Yes	27 (9)
	no	248 (82.6)
	I do not know	25 (8.4)
How much do you rely on your true description to parents about result of hearing screening?	a great deal	145 (48.3)
	Much	130 (43.3)
	somewhat	25 (8.4)
Are you aware of especial needs of hearing-impaired children?	Yes	42 (14)
	Somewhat	63 (21)
	no	195 (65)
How much do you use Internet to get information about hearing screening?	A lot	34 (11.3)
	Moderate	77 (25.7)
	A little	189 (63)
Is program of early detection and treatment of hearing impairment conducted in our country?	No	25 (8.4)
	Yes	210 (70)
	I do not know	65 (21.6)

# WHAT DO DOCTORS KNOW?

Is general newborn hearing screening valuable regardless of its cost?

yes 289 (96.4)

no 11 (3.6)

Which infants have you introduced for hearing screening last year?

nearly all infants 65 (21.6)

only cases with risk factors 235 (78.4)

Which conditions make infants candidate for Cochlear Implant?

two-sided mild-to-moderate decreased hearing 46 (15.3)

two-sided sever decreased hearing 225 (75)

one-sided sever decreased hearing 12 (4.1)

17 (5.6)

2012-13  
NCHAM PHYSICIAN SURVEY  
NEWBORN AND INFANT HEARING SCREENING  
(SUPPORTED BY AAP AND BOYS TOWN  
NATIONAL RESEARCH HOSPITAL)

- Follow-up of 2005 survey
- Peds, FP, ENTs
- Paper survey & online link
- 26 states, 2172 responses
- 11.5% response rate
- Little knowledge of 1-3-6
- Physicians with perceived lack of preparation to meet needs of deaf or hard-of-hearing infants

# 2012-13

## PHYSICIAN SURVEY HIGHLIGHTS

- 30+% children age 0-5
- 80% average, 99% median newborns with NBHS results
- 2-4 children with permanent hearing loss (non-OM)
- 64% fair, 33% complete trust in NBHS results
- 45% never hear from EHDI, 44% occasionally do
- 68% never send info to EHDI, 26% occasionally do
- 96% referral to audiologist
- 3% wait and see – 6 months
- 0.7% speech pathologist
- 0.2% antibiotic, recheck 2 months

2012-13

PHYSICIAN SURVEY HIGHLIGHTS

BEST ESTIMATE OF EARLIEST AGE

	<1 mo	1-3 mo	4-6 mo	7-9 mo	10-12 mo	>12 mo
Additional testing?	41.0%	51.9%	6.1%	0.3%	0.7%	0.8%
Child can be diagnosed as having permanent hearing loss	20.9%	37.0%	24.8%	2.3%	10.2%	5.3%
Child can begin wearing hearing aids	12.2%	26.9%	31.9%	3.7%	16.6%	9.1%
Should refer to EI	26.9%	33.3%	25.3%	2.5%	8.1%	4.2%

2012-13  
PHYSICIAN SURVEY HIGHLIGHTS

SPECIALISTS TO WHOM YOU WOULD REFER  
(CONFIRMED PERMANENT HEARING LOSS)

- ENT – 73.4%
- Genetics – 9.3%
- Ophthalmologist – 2.2%
- Audiologist – 53%
- Speech-language pathologist – 27%
- OT – 2.4%
- Developmental specialist / Early Intervention – 12%
- Neurologist – 5.6%
- Pediatrician – 4.0%
- Social worker – 0.7%
- EHDI – 0.1%
- Counseling – 0.6%
- Other – 5.4%

2012-13  
PHYSICIAN SURVEY HIGHLIGHTS

RISK FACTORS FOR PERMANENT  
LATE-ONSET HEARING LOSS

- Meningitis – 94.1%
- Frequent colds – 25.5%
- Hypotonia – 29.6%
- Congenital heart disease – 26.1%
- Congenital syphilis – 63.2%
- >5 days in NICU – 55.3%
- Cleft palate – 60.8%
- Mother over age 40 – 18%
- History of CMV – 80.8%
- Family history of childhood hearing loss – 89%

2012-13  
PHYSICIAN SURVEY HIGHLIGHTS

CANDIDATES FOR COCHLEAR IMPLANT

- Bilateral mild-moderate hearing loss – 26.2%
- Profound bilateral hearing loss – 89.5%
- Unilateral mild-moderate hearing loss – 12.2%
- Unilateral profound hearing loss – 32.9%

2012-13  
PHYSICIAN SURVEY HIGHLIGHTS

TRAINING TO MEET NEEDS OF INFANTS  
WITH PERMANENT HEARING LOSS

- YES – 18.6%
- UNSURE – 51.3%
- NO – 30%

**2012-13**  
**PHYSICIAN SURVEY HIGHLIGHTS**

**PROVIDER CONFIDENCE IN TALKING TO PARENTS**

<b>Very confident</b>	<b>Somewhat confident</b>	<b>Not confident</b>	
54.0%	37.2%	8.8%	NBHS process
28.5%	56.9%	12.7%	Causes of HL
12.8%	37.8%	49.3%	Communication sign vs oral
28.0%	54.7%	17.3%	Consequences of unilateral or mild HL
21.7%	48.3%	30.0%	Consequences of bilateral mod-profound HL
9.8%	33.9%	56.3%	Candidates for CI
37.0%	49.7%	13.3%	What to do next?

# LOTS OF HATS IN CHICAGO...

- ◉ Students
- ◉ State EHDI program staff members
- ◉ Audiologists
- ◉ Physicians and other Health Care Providers
- ◉ **Families of children with hearing loss**
- ◉ Early Intervention Specialists
- ◉ Speech-Language Pathologists
- ◉ Advocates
- ◉ Representatives from the major organizations working with EHDI programs



# Texas Connect Resource



- Topic Card 1: Tests Used to Assess Hearing
- Topic Card 2: Types and Causes of Hearing Loss
- Topic Card 3: How a Hearing Aid Works
- Topic Card 4: Tips for Infant Hearing Aid Use
- Topic Card 5: The When and How of Cochlear Implants
- Topic Card 6: Hearing, Communication, and Early Development
- Topic Card 7: Encouraging Early Communication
- Topic Card 8: Options for Communication
- Topic Card 9: On Being Deaf- A cultural view
- Topic Card 10: Early Intervention Services in Texas
- Topic Card 11: Middle Ear Problems
- Topic Card 12: Effects of Hearing Loss in One Ear

<http://texasconnectresource.com/topic-cards/>

## Topic Card 1: Tests Used to Assess Hearing

What is an audiologist?

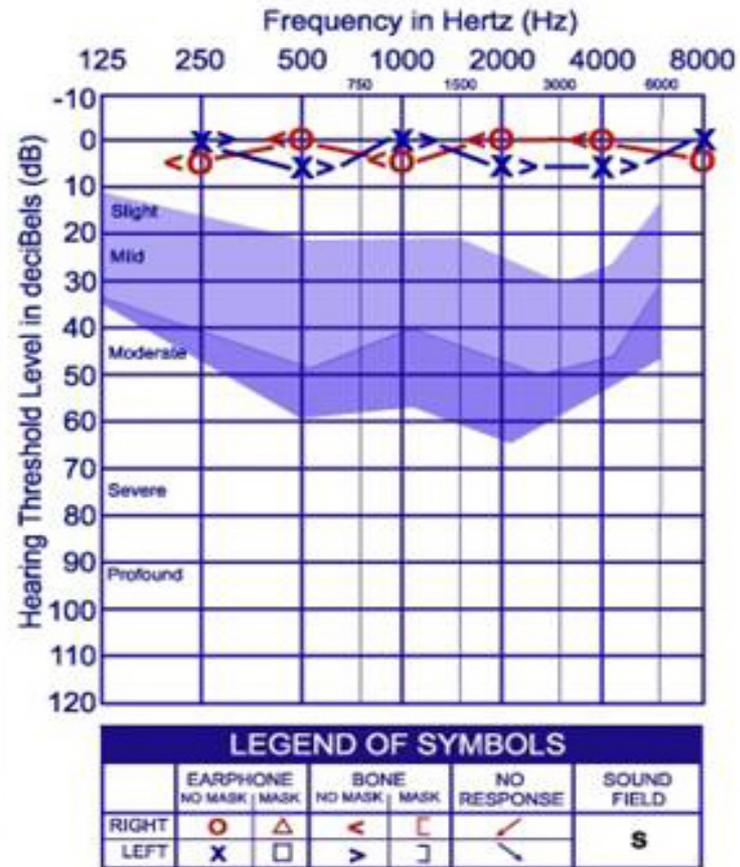
What do we need to know about a child's hearing?

What is an audiogram?

How can an infant or a young child's hearing be tested?

What other tests are performed as part of a hearing evaluation?

<http://texasconnectresource.com/topic-cards/>



<http://infanthearing.org>

## **How to Increase Access to Pediatric Audiology Care**

McCreery, Ryan PhD

The Hearing Journal: May 2014 - Volume 67 - Issue 5 - p  
8,10

Comparison to Australian Hearing or the Canadian  
Provincial Health Services Authority's Early Hearing  
Programs

- **Encourage a minimum level of competency in pediatrics for all audiologists.**
- **Offer high-quality clinical placements that enable students to work with children.**
- **Recognize services that demand special expertise in pediatric audiology.**
- **Look to educational audiologists as a great resource.**
- **Address the opportunities and challenges of telehealth for pediatric audiology.**
- **Continue to educate yourself.**

# EHDI PALS



## Early Hearing Detection & Intervention - Pediatric Audiology Links to Services (EHDI-PALS)

Welcome to EHDI-PALS!

### Home

- ▶ Find Audiology Facilities
- ▶ Resources about hearing
- ▶ Resources about early intervention
- ▶ Other Helpful Websites
- ▶ Audiologists:  
Create/Update Facility Profile
- ▶ Professional Resources
- ▶ EHDI-PALS Advisory Group
- ▶ EHDI Program Log-in
- ▶  Contact us

Welcome to [EHDI-PALS](#), Early Hearing Detection & Intervention - Pediatric Audiology Links to Services, a web-based link to information, resources, and services for children with hearing loss. At the heart of EHDI-PALS is a national web-based directory of facilities that offer pediatric audiology services to young children who are younger than five years of age.

[LEARN MORE](#) about childhood hearing loss, hearing testing, and important questions parents can ask when making appointments. This contains great web resources for parents and professionals.

Find [OTHER HELPFUL WEBSITES](#), including national and state parent support organizations and other resources.

You can also find out more about the [EHDI-PALS Advisory Group](#).

### Looking For A Facility?

Find a Facility for hearing services for children from birth to 5 years old:

[Find An Audiology Facility](#)

### List Or Update Your Facility

Are you a provider interested in listing your facility in the EHDI-PALS directory? If so, enter here:

[List or Update Your Facility](#)

## Topic Card 2: Types and Causes of Hearing Loss

How common is hearing loss?

Is my child's hearing loss permanent?

What caused my child's hearing loss?

What are "risk factors?"

What are the medical and audiological treatment/management recommendations for the various types of hearing loss?

How can my child have a hearing loss when the birth hearing screening was passed?

<http://texasconnectresource.com/topic-cards/>

## Topic Card 3: How a Hearing Aid Works

What does a hearing aid do?

What kind of hearing aid does my child need?

Why does my child need hearing aids?

What is the difference between the different technologies?

How will the audiologist decide what hearing aids are best for my child?

My child is so young...how do we know the hearing aids are providing what is needed?

Will my child understand everything with hearing aids?

<http://texasconnectresource.com/topic-cards/>

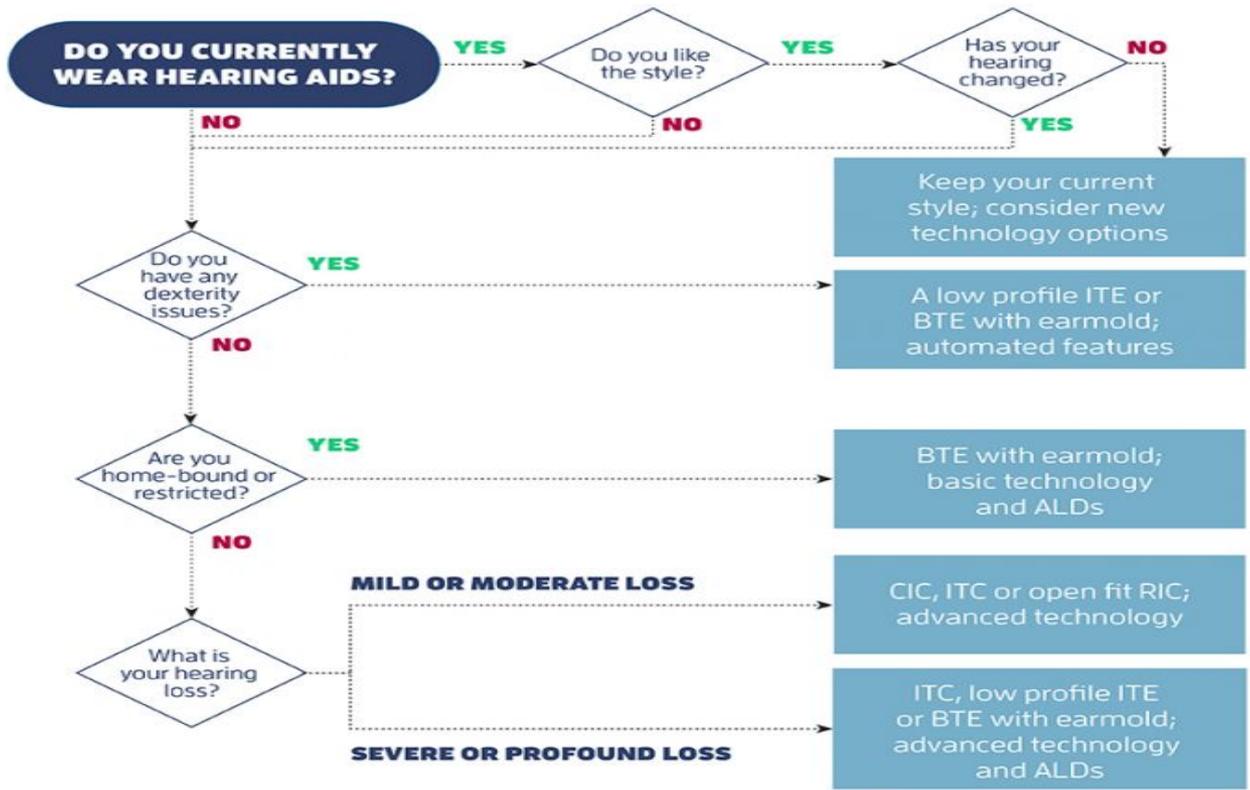
Summary of  
**Hearing aid styles**

Style	Advantages	Disadvantages
IIC or CIC	<ul style="list-style-type: none"> <li>• Cosmetic appeal</li> <li>• Acoustic transparency</li> </ul>	<ul style="list-style-type: none"> <li>• Most susceptible to moisture damage</li> <li>• Small size can be a problem for dexterity</li> </ul>
ITC	<ul style="list-style-type: none"> <li>• Cosmetic appeal</li> <li>• Bigger battery and more features than IIC or CIC</li> </ul>	<ul style="list-style-type: none"> <li>• Susceptible to moisture damage</li> <li>• More occlusion, making wearers feel plugged up</li> </ul>
Low profile	<ul style="list-style-type: none"> <li>• Larger size easier to insert and remove</li> <li>• Accommodates more features and user controls</li> </ul>	<ul style="list-style-type: none"> <li>• Less cosmetically appealing</li> <li>• More occlusion, making wearers feel plugged up</li> </ul>
Mini BTE	<ul style="list-style-type: none"> <li>• Cosmetic appeal</li> <li>• Less occlusion</li> </ul>	<ul style="list-style-type: none"> <li>• Small size can be a problem for dexterity</li> </ul>
RITE or RIC	<ul style="list-style-type: none"> <li>• Cosmetic appeal</li> <li>• Less occlusion</li> <li>• Speaker can be replaced in professional's office</li> </ul>	<ul style="list-style-type: none"> <li>• Small size can be a problem for dexterity</li> <li>• Speaker is susceptible to moisture damage</li> </ul>
BTE and earmold	<ul style="list-style-type: none"> <li>• Fits all degrees of hearing loss</li> <li>• Custom-fit earmold can be replaced independently</li> <li>• Less susceptible to moisture damage</li> </ul>	<ul style="list-style-type: none"> <li>• More occlusion, making wearers feel plugged up</li> <li>• Potential space limitations for eye-glass wearers</li> </ul>

www.healthyhearing.com

<https://www.healthyhearing.com/help/hearing-aids/types>

# WHAT IS THE BEST HEARING AID STYLE FOR ME?



www.healthyhearing.com



<https://www.healthyhearing.com/help/hearing-aids/types>

## Topic Card 4: Tips for Infant Hearing Aid Use

How long each day does my child have to wear hearing aids?

How do I know if my child's hearing aids are working properly?

How do I take care of the hearing aids?

What tools do I need to keep the hearing aids working their best?

What can I do when my child's hearing aid makes a whistling noise?

What do I need to know about caring for earmolds?

How can I keep the hearing aids on my child?

How often does my child need to see the audiologist?

<http://texasconnectresource.com/topic-cards/>

## Topic Card 5: The When and How of Cochlear Implants

What is early intervention?

What is a cochlear implant?

How does a cochlear implant differ from a hearing aid?

Is there only one type of cochlear implant?

Who can get a cochlear implant

If a cochlear implant is recommended for my child, would he/she get one cochlear implant or two (bilateral) cochlear implants?

How much does a cochlear implant cost?

What is involved in surgery and follow-up?

What kind of training or therapy is needed?

How do I get more information about cochlear implants?

<http://texasconnectresource.com/topic-cards/>

## Topic Card 6: Hearing, Communication, and Early Development

Will a hearing loss affect my child's ability to learn?

What role does hearing have in a child's development?

How can I help my child to learn?

What's the best way for me to help my child learn to communicate?

What do people mean by "options" for communication?

How do I decide what's best for my child and family?

What if I try one communication method and later decide it's not the best match for my child and family?

<http://texasconnectresource.com/topic-cards/>

## Topic Card 7: Encouraging Early Communication

Why is early communication important?

What are some ways to encourage early communication?

What are some ways to encourage listening and speech?

What are some ways to encourage visual communication?

<http://texasconnectresource.com/topic-cards/>

## Topic Card 8: Options for Communication

What is the difference between a language  
and a communication method?

What are the most common options  
for communication?

<http://texasconnectresource.com/topic-cards/>

For children with hearing loss, there are four primary communication outcomes, each tied to an approach to language:

- **Listening and Spoken Language**
- **Cued Speech/Language**
- **American Sign Language/Bilingual-Bicultural**
- **Total Communication Method**

<https://www.agbell.org/Families/Communication-Options>

## Topic Card 9: On Being Deaf- A cultural view

What is the Deaf Community?

Why are there so many different terms to describe deafness?

What is Deaf Culture?

What is it like being DEAF?

What effect have advances in communication technology had on the Deaf Community?

<http://texasconnectresource.com/topic-cards/>

## Topic Card 10: Early Intervention Services (Texas)

What is early intervention?

How are early intervention services provided in Texas?

How do I contact someone for ECI services?

What happens after I call or I am referred for services?

How will we decide what services are provided?

Are deaf education early intervention services only for infants and toddlers who are deaf?

Who provides the services?

What does the Parent Advisor do?

Where can I find more information about early intervention services in Texas?

<http://texasconnectresource.com/topic-cards/>



**National Association of the Deaf**

Early intervention services include, but are not limited to:

- family training, counseling, and home visits;
- special instruction;
- speech-language pathology services;
- audiology services;
- sign language services;
- cued language services;
- occupational therapy;
- physical therapy;
- psychological services;
- service coordination services;
- medical services only for diagnostic or evaluation purposes;
- early identification, screening, and assessment services;
- health services necessary to enable the infant or toddler to benefit from the other early intervention services;
- social work services;
- vision services;
- assistive technology devices;
- assistive technology services; and
- transportation and related costs.

Early intervention services are provided by qualified personnel, including:

- special educators;
- speech-language pathologists;
- audiologists;
- occupational therapists;
- physical therapists;
- psychologists;
- social workers;
- nurses;
- registered dietitians;
- family therapists;
- vision specialists, including ophthalmologists and optometrists;
- orientation and mobility specialists; and
- pediatricians and other physicians.

The IFSP must contain:

- a statement of the infant's or toddler's present levels of physical development, cognitive development, communication development, social or emotional development, and adaptive development. This statement must be based on objective criteria;
- a statement of the family's resources, priorities, and concerns relating to enhancing the development of their infant or toddler;
- a statement of the measurable results or outcomes expected to be achieved for the infant or toddler and the family. These must include pre-literacy and language skills, as developmentally appropriate for the child. This statement must include the criteria, procedures, and timelines used to determine the degree to which progress toward achieving the results or outcomes is being made. It must also address whether modifications or revisions of the results or outcomes or services are necessary;
- a statement of specific early intervention services based on peer-reviewed (peer-reviewed means that professionals in the field approve of it) research, to the extent practicable, necessary to meet the unique needs of the infant or toddler and the family. This must include the frequency, intensity, and method of delivering services;
- a statement of the natural environments (such as home or day care center) in which early intervention services will appropriately be provided, including a justification of the extent, if any, to which the services will not be provided in a natural environment;
- the planned dates for initiation of services and the anticipated length, duration, and frequency of the services;
- the identification of the service coordinator who will be responsible for the implementation of the plan and coordination with other agencies and persons, including transition services; and
- the steps to be taken to support the transition of the toddler with a disability to preschool or other appropriate services.



[Verywellfamily.com](https://www.verywellfamily.com)



## EDUCATIONAL SUCCESS FOR YOUR STUDENTS— AND YOU

### TIPS TO GO



**THREE FEDERAL LAWS** support deaf and hard of hearing students' participation in educational programming in public schools. All students with disabilities will be educated, and their educational and access needs will be met at public expense.

A teacher's role in the IEP, 504 plan, and/or ADA process is

- ❖ participate in any meetings in which IEP, 504 plan, or ADA auxiliary aids and services may be discussed.
- ❖ be ready to supply pertinent data and documentation, such as test scores, discipline referrals, and observational information.
- ❖ implement the provisions of the IEP, 504 plan, or ADA auxiliary aids and services accommodations that apply to the classroom or school environment.

## DIFFERENT ABILITIES, UNIQUE NEEDS— SUPPORTING LEARNING IN THE CLASSROOM

### TIPS TO GO



**WHATEVER A DEAF OR HARD OF HEARING STUDENT'S INDIVIDUAL LEARNING NEEDS**, teachers can help that student develop his or her academic and social skills.

Teachers should:

- ❖ set up their classroom so that all students can see each other, this often means seating in a U formation.
- ❖ be sure to face the students when talking.
- ❖ repeat and rephrase information.
- ❖ identify who is speaking during class discussions.
- ❖ check in with students to confirm understanding.
- ❖ pre-teach new concepts to students prior to classroom use.
- ❖ ensure they have the attention of their deaf and hard of hearing students before they begin talking or presenting information.

## FOSTERING SOCIAL CONNECTIONS—TEACHERS MAKE A DIFFERENCE

### TIPS TO GO



**SOCIAL CONNECTIONS WITH CLASSMATES** help all students develop and build self-confidence. Teachers who take time to reach out, recognize, and care for deaf and hard of hearing students are the ones who are remembered as having made an impact.

Teachers should:

- ❖ model effective interactions with deaf and hard of hearing students by engaging them in personal conversations, communicating directly with them, and using respectful and inclusive language about them.
- ❖ create icebreaker opportunities that encourage interaction between deaf, hard of hearing, and hearing students.
- ❖ develop team-based activities and projects for which deaf, hard of hearing, and hearing students collaborate.
- ❖ encourage deaf and hard of hearing students to develop self-advocacy skills and to be responsible for communicating their needs.

## ACCOMMODATING DEAF AND HARD OF HEARING STUDENTS IN SCHOOLS

### TIPS TO GO



**THE WAY THE EDUCATIONAL STAFF INTERACTS AND WORKS** with a deaf or hard of hearing student affects how other students, teachers, and administrators perceive that student. Modifications that make schools user friendly for all should be incorporated.

Ways to make the school environment accessible include:

- § incorporating auditory and visual supports throughout the school.
- § learning how to effectively work with a sign language interpreter.
- § offering sign language courses for all students.
- § including deaf and hard of hearing adults in schoolwide programs.
- § encouraging participation in extracurricular activities for deaf and hard of hearing students.

## REACHING OUT—PARENTS AS PARTNERS

### TIPS TO GO



**PARENTS WHO ADVOCATE FOR THEIR CHILDREN** improve the chances of their success in school. This is especially the case for deaf and hard of hearing students. Parents help their child's educational journey by providing critical knowledge of their child's unique abilities and accomplishments.

Teachers can help parents advocate effectively by:

- § supporting parental participation in the child's Individualized Education Program.
- § working with parents to create goals for students in the home and at school.
- § offering information about resources, services, and technology in school and the community.
- § recognizing parents as partners in their child's learning and allowing them to have a voice.

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- 1. Individuals with Disabilities Education Act (IDEA)**  
IDEA requires schools to develop an Individualized Education Program (IEP) for the child. This is a written description of the special education and related services needed to help the child access the general education curriculum as well as extracurricular activities.

### Section 504 of the Rehabilitation Act of 1973 (504 Plan)

504 plans support a wide range of accommodations that may include preferential seating, amplification, interpreting, notetaking, captioning, and/or others in order to assist the student in accessing educational programming. Accommodations may be implemented and monitored by a case manager.

### VISUAL LEARNERS

- § Ensure the student has access to the interpreted information.
- § Pace instruction, activities, and class communication to allow for interpreter and student processing.
- § Ensure materials such as videos, computer programs, lectures, and, when appropriate, class discussions are captioned.

### DID YOU KNOW?

- § Middle school and high school may be socially difficult for deaf and hard of hearing students as they may be left out of social groups that are formed during this time.
- § There is a unique value to having interactions with peers who share similar issues and experiences.
- § Sign language classes and clubs are valuable because they help deaf, hard of hearing, and hearing classmates develop a common bond and learn how to communicate directly with each other.

- 3. Americans with Disabilities Act of 1990 (ADA)**  
Under the ADA, schools must provide auxiliary aids and services, such as qualified interpreters, captioning, and assistive listening devices, to ensure communications with deaf and hard of hearing individuals are as effective as communications with others. Teachers should work with principals to ensure students have complete access to educational programming.

For more information on meeting the needs of deaf and hard of hearing students, visit:

[clerccentergallaudet.edu](http://clerccentergallaudet.edu)

### AUDITORY LEARNERS

- § Ensure hearing aids and assistive listening devices are working and are tailored to individual student needs.
- § Limit background noise.
- § Ensure materials such as videos, computer programs, lectures, and, when appropriate, class discussions are captioned.

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- § Teachers can encourage openness and connection by asking questions that challenge the students to think about diversity and differences and how they contribute to the rich social fabric of the school.
- § Teachers can foster self-confidence and pride by highlighting the accomplishments of deaf and hard of hearing people as a part of classroom projects, discussions, and activities.

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## TIPS FOR THE CLASSROOM

- § Maintain the same high expectations for deaf and hard of hearing students as you have for their hearing peers. Take time to learn about each student's family and background.
- § Learn what works in communicating effectively with each student (e.g., being close to the student, speaking clearly, showing your face to the student when speaking, lighting, amplification).
- § Create visual supports such as graphics, charts, hands-on demonstrations, and PowerPoint presentations.

## ENCOURAGING FAMILY ENGAGEMENT

By welcoming the contributions of parents and working with them to support their deaf or hard of hearing child, you will be helping your students succeed.

- § Talk to parents about their child's strengths, abilities, likes, and dislikes.
- § Ask parents what strategies they use at home for communication.
- § Keep a communication notebook to discuss the school day or events at home.

- § Allow time to view pictures and/or read information.
- § Repeat and paraphrase information to ensure clarity.
- § Identify who is speaking during class discussions.
- § Create accessible materials as appropriate for students' skill levels as indicated on their Individualized Education Programs.

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- § Seek out parents' opinions on strategies to involve their children in classroom activities.
- § Ask parents to volunteer in the classroom or on a field trip.

Remember: A student will have many teachers, but parents are with their child throughout his or her educational journey.

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# Designing for users who are Deaf or hard of hearing



## Do...

## Don't...

write in plain English

**Do this.**

use complicated words or figures of speech



use subtitles or provide transcripts for videos



put content in audio or video only



use a linear, logical layout



make complex layouts and menus



break up content with sub-headings, images and videos



make users read long blocks of content



let users ask for an interpreter when booking appointments



don't make telephone the only means of contact for users





Amplification	∨
Assessment of Student Skills, Challenges, Needs	∨
Early Childhood: Infants, Toddlers, Preschool	∨
Hearing Loss – Identification, Impact and Next Steps	∨
Language and Speech Development Issues	∨
Legal Issues in Serving Children with Hearing Loss	∨
Listening (Auditory Skills) Development	∨
Planning to Meet Student Needs	∨
Self-Advocacy Skills for Students with Hearing Loss	∨
<b>Self-Concept: How the Child with Hearing Loss Sees Himself</b>	∨
Addressing Self-Esteem and Issues of Fitting In	
Self-Identity and Hearing Loss	
Self-Concept: Infants, Toddlers, Preschoolers	
Self-Concept: School-Age Children with Hearing Loss	
Self-Concept: Assessment & Strategies for Adolescents	
Social Skills	∨
Speech Perception & Learning	∨



## Topic Card 11: Middle Ear Problems

What is otitis media?

What causes otitis media?

What kind of hearing problem can be caused by otitis media?

How should middle ear problems be managed?

Can middle ear problems affect my child's development?

What can I do if my child has missed out on listening opportunities because of an ongoing or recurrent conductive hearing loss?

<http://texasconnectresource.com/topic-cards/>

## Topic Card 12: Effects of Hearing Loss in One Ear

What is a unilateral hearing loss?

What causes a hearing loss in only one ear?

Will the hearing in my child's better ear get worse?

Why would my child have trouble hearing if one ear has normal hearing?

Will my child benefit from wearing a hearing aid in the ear with the hearing loss?

How will a unilateral hearing loss affect my child's performance in school?

What are some ways to help my child understand what is said?

<http://texasconnectresource.com/topic-cards/>

**WELCOME TO HOLLAND**  
by  
**Emily Perl Kingsley**

**But... if you spend your  
life mourning the fact  
that you didn't get to  
Italy, you may never be  
free to enjoy the very  
special, the very lovely  
things ... about Holland.**

**WELCOME TO HOLLAND**  
by  
**Emily Perl Kingsley**

**But... if you spend your life mourning the fact that you didn't get to Italy, you may never be free to enjoy the very special, the very lovely things ... about having and caring for a deaf child.**

# The vineyards of Maastricht, Holland



# Windmills of Italy (Sicily)





**18th ANNUAL EARLY HEARING DETECTION & INTERVENTION MEETING**  
**March 3-5, 2019 • Chicago, IL**

Thank you for your attention!

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