Learning, Reading & Literacy

Humpty Dumpty sat on a wall,
Humpty Dumpty had a great fall.
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As a graduate of the Deaf Education and Hearing Science (DEHS) Program, Lindsay makes lives better each day as an itinerant teacher in Austin, Texas. She currently teaches 16 children. Over the course of her career she has the opportunity to impact over 400 children’s lives.

Lindsay is not alone. Graduates of the DEHS Program will touch over 8,000 lives during children’s lives. 16 children. Over the course of her career she has the opportunity to impact over 400 lives better each day as an itinerant teacher in Austin, Texas. She currently teaches 16 children.

Changing thousands of lives

Learning to Listen, Learning to Read

This issue focuses on reading and literacy, a critical concern for both parents of children who are deaf and hard of hearing as well as the professionals that support them. The importance of emergent literacy for children who are deaf and hard of hearing is reflected in its inclusion as one of the nine domains of knowledge for the Listening and Spoken Language Specialist (LSLS) certification. The development of literacy skills is a focus for LSLS professionals who partner with parents to support the development of listening and spoken language skills that are the foundation for literacy skills and later school success.

Auditory-verbal practice helps children learn the many dimensions of spoken language by preparing their parents to interact with them by using meaningful language in real-life situations, all of which prepares children for reading. A LSLS guides parents in doing this by intentionally using their own language facility. They support parents in helping their children to develop sounds, words and spoken language for everyday living according to Lyn Robertson in The FAQs About Auditory-Verbal Practice (2012).

Young children are constantly learning words from parents, LSLS and other adult role models, and they use these words to expand their vocabulary and build concepts about the function of words—and the world around them. A LSLS uses a wide range of strategies, techniques and procedures to help children build the foundation for reading. Through the use of songs, poems and word play, a LSLS assists parents in helping their children learn the rhythms, rhymes, intonations and phonemic bases of reading. The practitioners and parents also build memory for language structures by helping the child talk in conversations so that the child learns the conventional word order for sentences, how to turn statements into questions or exclamations as well as a wide range of other skills (Robertson, 2012). This issue highlights the importance of listening to stories read aloud and pretend play and experiences in helping children to develop vocabulary for objects, actions, relationships and ideas. Long before they are able to label them, children who use spoken language acquire the language parts of speech and understand where to put them in sentences. They learn the ways that stories unfold when they are told, the pragmatic uses of language, and how to use words and talk in a variety of conversational settings (Robertson, 2012).

A goal of listening and spoken language teaching is to build a foundation for literacy. Every auditory-verbal session adds to this foundation for learning to read by helping the child learn about the relationships between written and spoken language. Children learn to recognize words on the page and retrieve them from memory to write them. Children also learn to listen to and monitor their own speech, and to use spoken language to think and connect with written language (Robertson, 2012).

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For more information, please visit UTDearEd.com.
Phone: (210) 450-0716
Reach for Success, Ignite Your Inspiration!

Greeting! The articles in this issue of Volta Voices focus broadly on learning, reading and literacy for children who are deaf and hard of hearing. We further provide you with information on AG Bell’s ground-breaking Family Needs Assessment survey and on the implications of the Affordable Care Act on health insurance coverage for hearing services. We also honor three remarkable individuals who are recent recipients of AG Bell’s prestigious awards.

Our opening article “Learning Disabilities and Hearing Loss: Where Does One End and the Other Begin?” by Krystyana Krywko, Ed.D., sheds light on how to differentiate between learning difficulties that might be due to a child’s hearing loss, which is considered a perception problem, and difficulties that might be the result of a hearing disability, which is considered a processing problem. Krywko helps both parents and professionals understand the difference and work to appropriately identify and assess learning difficulties which are not the result of hearing loss, so that intervention is both appropriate and helpful.

In “Reading Aloud: Benefits Beyond Bedtime,” Kristine K. Ratliff, M.Ed., LSLS Cert. A/VEd, reminds us of one of the most effective strategies to promote the development of listening and spoken language for children who are deaf and hard of hearing regardless of age—reading aloud. She provides parents with advice on how to choose books for reading aloud and with strategies to promote listening and language development.

Adrienne Russell, M.D.EHS, LSLS Cert. A/VEd, writes about dialogic reading, an innovative and creative technique which changes passive, adult-directed reading into an active, dynamic and interactional framework with the toddler as a partner. Turning reading into a shared interactive conversation cultivates listening and spoken language for the child with hearing loss and builds a foundation for the toddler to eventually become a storyteller, underscoring the power of learning through listening.

The AG Bell board of directors recently selected the recipients of the prestigious AG Bell awards. In “Honoring Individuals, Celebrating Visions,” we announce these three remarkable individuals—Jeanine Gheva, Jacob Landis and John Stanton, Esq.—united by their perseverance, enthusiasm and magnanimity in the face of obstacles to bring about positive change for all individuals with hearing loss who use listening and spoken language.

Key health care insurance reforms mandated by the Affordable Care Act (“ACA”), signed into law by President Obama on March 23, 2010, went into effect at the start of this year. These reforms enable individuals, including individuals who are deaf and hard of hearing, to compare and purchase state and federally regulated health insurance products. Theresa Morgan provides a useful overview of these reforms and their implications.

AG Bell recently conducted a ground-breaking Family Needs Assessment survey in an effort to gain insight on the perceptions of families with children who are deaf and hard of hearing about the quality and availability of services received from both private and public providers. Results from the survey are now available on the Listening and Spoken Language Knowledge Center. Our “What’s New in the Knowledge Center” column provides an overview of the survey data and guides you through the information on our website.

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• Onsite Children’s Program
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• Research Symposium featuring the latest research on maximizing brain adaptability and enhancing listening for language development, speech perception and music appreciation
• Earn up to 22.5 hours of continuing education

Additional information on the AG Bell Convention can be found at wwwListeningandSpokenLanguage.org/2014Convention.

Editor’s Note

Reach for Success, Ignite Your Inspiration!
Frequently Asked Questions About Auditory-Verbal Practice

NEW FROM THE AG BELL BOOKSTORE!

Do you have questions about auditory-verbal therapy and education? Find the answers to 101 frequently asked questions from more than 100 Listening and Spoken Language Specialists. This book will help you:

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- Gain an understanding of contemporary issues and current trends in field
- Build strong parent-professional partnerships that foster the development of listening, spoken language and literacy
- Find hope, support and encouragement

Available in print and e-book format for all major e-readers
ListeningandSpokenLanguage.org/101FAQs

Kate Georgen, author of this issue’s “Hear Our Voices” column, was born with a moderate-severe bilateral hearing loss and uses a digital bi-cross system to communicate. She grew up in Plymouth, Ind., where she was active in sports and was a drum major for the Plymouth High School Marching Band. She also competed in speech and debate, winning both state and national titles in original oratory. Georgen attended Rutgers University for college and rowed on the Division I women’s crew team all four years. After graduating, she served as an AmeriCorps volunteer before accepting a position as a disability rights advocate in Nashville, Tenn. She and her husband currently live in Ithaca, N.Y., where she is finishing her third year at Cornell Law School.

Kristyann Krywko, Ed.D., author of “Learning Disabilities and Hearing Loss: Where Does One End and the Other Begin?,” is a writer and education researcher who specializes in hearing loss and the impact it has on children and families. Both she and her young son were diagnosed with hearing loss one year apart. She is the author of the e-book, “What to Do When Your Child Is Diagnosed with Late Onset Hearing Loss: A Parent’s Perspective,” available on Amazon. She also authors the blog, “After the Diagnosis: Helping Families with Hearing Loss.” She can be contacted through her website www.lateonsethearingloss.org.

Theresa Morgan, author of “Health Care Reform and Coverage for Hearing Loss: Where Does One End and the Other Begin?,” is legislative director at Powers, Pyles, Sutter and Verville in Washington, D.C. She conducts research and analysis on legislative and regulatory issues for health care and education clients and has primary responsibility for the Washington Wire, the firm’s weekly newsletter on health care policy issues. Morgan also helps manage the ITEm Coalition, a group of 75 disability-related organizations with the mission of improving access to assistive devices for people with disabilities. She also staffs the Habilitation Benefits (HAB) Coalition, which coordinates national advocacy to advance coverage for habilitation benefits, and the Coalition to Preserve Rehabilitation (CPR), a coalition of 25 organizations interested in maintaining and improving coverage and access to rehabilitative services. Morgan was recently elected to sit on the board of the Consortium for Citizens with Disabilities (CCD) and appointed as the Maryland volunteer for the National Patient Advocate Foundation’s elite President’s Council.

Kristine K. Ratliff, M.Ed., LSLS Cert. AVEd, author of “Reading Aloud: Benefits Beyond Bedtime,” is the hearing impaired specialist for Dublin City Schools in Dublin, Ohio. She provides itinerant services to a caseload of students, preschool through 12th grade. Ratliff has been teaching students with hearing loss for 15 years, and loves the variety, challenges, collaboration and learning opportunities that her current position provides. Ratliff serves on the board for the Ohio chapter of AG Bell. She lives with her husband and three children, and enjoys reading and travel.

Adrienne Russell, M.D.E.HS, LSLS Cert. AVEd, author of “Cultivating Listening and Spoken Language with Dialogic Reading,” is a parent-infant advisor and mentor at the Sunshine Cottage School Parent-Infant Program in San Antonio, Texas, where she has provided auditory-verbal services since 2001. Russell co-teaches “Best Practices in LSL Early Intervention” for the Master’s in Deaf Education and Hearing Science program at the University of Texas Health Science Center – San Antonio. She has presented “AVT on a Shoestring,” “S.T.A.R.R.: 5 Points to Success,” and “Sound Beginnings: Coaching Families with LENA Feedback.”

Jillian Tweet, author of this issue’s “Tips for Parents” column, is an innovator in the changing world of information literacy for all ages. Her passion to find words in the world around her emerged through her youngest son’s journey to listening and spoken language. Tweet is a Clarke School parent and advocate, helping to guide other families through the world of listening and spoken language.

Shehzad Zaman, D.O., was born in Long Island, N.Y., played tennis and squash at Haverford College, studied medicine at the University of New England, and trained at University of Massachusetts Medical Center, University of California Davis Medical Center and Long Beach Medical Center. He is active in the community and while in medical school, he advocated on Capitol Hill for patient’s rights, served as a disability coordinator for the American Medical Student Association, and was appointed to a U.S. Surgeon General committee on improving patient care. He now resides in Manhattan and enjoys tennis, skiing, working out, traveling and rooting for his New York teams including the Yankees, Knicks and NY Giants.

Available in print and e-book format for all major e-readers
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NEWS BITES

In Memoriam: Jacqueline St. Clair-Stokes

On Christmas Eve 2013, the field of listening and spoken language lost Jacqueline St. Clair-Stokes, a pioneer of auditory-verbal practice who tirelessly worked in the 1980s to help listening and spoken language professionals and the services they offer gain recognition in England and abroad. As a founder of Auditory Verbal UK, her work has had a lasting influence on thousands of children and their families, providing them with the support that they needed in order to learn to listen, talk and thrive in the mainstream. “When she worked with babies and parents, she was incredibly energetic, insightful and joyfully creative in helping them solve the problems posed by learning to listen and talk in the course of playing and interacting. She will be sorely missed by many,” said Elizabeth B. Cole, Ed.D., director at CREC Soundbridge.

New Amtrak “Txt-a-Tip” Service

Amtrak has launched a new method for reporting suspicious activity, crime or emergencies by introducing APD11 “Txt-a-Tip,” a program that allows contacting the Amtrak Police Department’s (APD) National Communications Center via SMS text messaging. Passengers can report suspected criminal or suspicious activity by sending a text to APD11 from a smart phone or to 27311 from a standard cell phone. Txt-a-Tip will especially benefit Amtrak passengers and station visitors who are deaf and hard of hearing by providing an easy and efficient method of communicating emergency information to the APD. Amtrak has also released a video on YouTube about the new service, which can be found by searching for “safety is in your hands too.”

Hearing Aids Coverage for Children with Hearing Loss in Georgia

The recently released 2015 Fiscal Year Budget Report for Georgia announced updates to the State Health Benefit Plan, which include an $853,960 increase in funds to provide coverage for hearing aids for children effective January 1, 2015. This coverage will apply to more than 650,000 state employees in Georgia and will positively impact children who are hard of hearing in Georgia. Let Georgia Hear, the parent-led coalition advocating for a hearing aid insurance mandate in the state, is grateful to Chairman Richard Smith, chair of the House Insurance Committee, and Representative Edward Lindsey for their support. Coverage for children’s hearing aids by the State of Georgia will pave the way for individual insurance carriers and self-insured plans to follow suit and greatly increases the coalition’s chances of eventually passing legislation which will require insurance coverage for all privately insured children.

CHAPTERS

Michigan Chapter Professional Fall Conference Recap

The Michigan chapter of AG Bell had its largest ever turnout for its professional fall conference last October with 165 professionals, parents, individuals of all ages who are deaf and hard of hearing, and exhibitors from all around the states of Michigan, Ohio and Indiana. Karen Anderson, Ph.D., author of Building Skills for Success in the Fast-Paced Classroom and creator of www.successforkidswithhearingloss.com, led a whole-day workshop focused on promoting positive self-concept, cultivating self-advocacy and parent advocacy skills, generating appropriate goals for students with hearing loss, and teaching social communication strategies. The conference also highlighted two Macomb County students with hearing loss and their inspiring stories of self-advocacy in the classroom. Brianna Franco, a high school junior, reflected on how difficult it was at first to let her teachers know what she needed in the classroom. She explained that it wasn’t until she became older that she realized that in order to be the best student she could be, she had to forget about how others may perceive her, and instead focus on what was best for her. Lila Hodgin, a 4th grader, wrote an essay based on her experiences in using the FM system at school. She highlighted her advocacy skills by discussing how she enlisted a volunteer student peer—whom she called an FM manager—to carry the FM system to class for her and make sure it was plugged in. By bringing her peers into her world and helping them understand her needs as a student with a hearing loss, her classmates feel like they are contributing to her success in the classroom.

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- Aural Rehabilitation for Cochlear Implant Users
Where Does One End and the Other Begin?

Children who are deaf and hard of hearing (DHH) are not immune to the specific learning disabilities (LD) that children with typical hearing experience and these learning disabilities can have a profound impact on their academic achievement, behavior and social skills (Edwards & Crocker, 2008). Universal newborn hearing screening, appropriate hearing technology and early intervention combine to provide children who are DHH with the opportunity to develop a strong language foundation along with cognitive and communication skills. “Having a strong language foundation is central to learning,” says Elizabeth Adams, Ph.D., clinical psychologist at The River School in Washington, D.C. “Without this strong foundation there can be some academic gaps; but if a child has a language model they can access, they should be able to learn.”

Understanding Hearing Loss and Learning Disabilities: What Is the Relationship?

It is difficult to pinpoint the frequency of learning disabilities among children who are DHH. Recent research suggests that there is a greater incidence of learning disabilities in children who are DHH than children with typical hearing (Marschark & Hauser, 2012). The Gallaudet Research Institute (2011) estimates that roughly eight percent of DHH students have a learning disability, yet some surveys have suggested the incidence could be as high as 23 percent (Marschark, 2007). The suggestion of a greater incidence of learning disabilities amongst children who are DHH (Marschark & Hauser, 2012; Marschark, 2007) may be due to the fact that most of the primary causes of hearing loss are also the primary causes of neurological dysfunction, which can lead to learning disabilities such as premature birth, meningitis, anoxia, maternal use of teratogenic medication and certain genetic syndromes (Morgan & Vernon, 1994; Marschark, 2007). It is important to approach these etiologies with caution as each condition is simply associated with learning disabilities and in no way predicts the eventual development of a learning disability (Mauck & Mauck, 1998).

Perceiving vs. Processing

Hearing loss and learning disabilities both affect a child’s learning; however, they do so in different ways. Soukup & Feinstein (2010) stress the importance of determining whether the learning difficulties are the result of a perception problem (hearing loss) or a processing problem (learning disabilities).

When a sensory function, such as hearing, is impaired, then there can be difficulties in identifying, receiving and interpreting information. Either the student is not hearing key parts of a teacher’s lesson, or there is unfamiliarity with part of the lesson, such as vocabulary, so the student is not interpreting the lesson correctly. Learning disabilities are a group of varying disorders that have a negative impact on learning. They may affect one’s ability to speak, listen, think, read, write, spell or compute (NCLD, 2013). Some of the more commonly diagnosed learning disabilities include dyslexia, dyspraxia and auditory processing disorder.

When it comes to the issue of identifying learning disabilities, Stewart and Khonin (2003) believe that they are a result of a processing problem, where the student receives the information they are reading in a textbook or working on in class, but the brain is unable to organize incoming information adequately. Examples of these types of processing problems are when a child can identify numbers but struggles with memorizing and organizing these numbers (dyscalculia) or if the child listens to a story, but then does not have the ability to retell it (dysphasia).

Diagnosing Learning Disabilities in Children Who Are Deaf and Hard of Hearing

The diagnosis of a learning disability in a child who is DHH is difficult to navigate. In the past, children who were DHH were automatically assumed to have a learning disability due to the presence of a hearing loss or the lack of spoken language. As a result, PL 94-142 (reauthorized in 2004), and better known as the Individuals with Disabilities Education Act or IDEA states the classification of a learning disability, (i.e. if children had it, LD was present; if not, there was assumed to be no LD present),” says Adams. “While a cognitive-academic split would still be interesting, the current approach to testing is geared more towards pattern analysis across a number of different measures that assess various domains of functioning. It is through careful analysis of these patterns that strengths, weaknesses, functioning and diagnoses are identified.”

This so-called IDEA “exclusion clause” serves as both a blessing and a curse when it comes to educating children who are DHH. On the one hand, it prevents the automatic assumption of a learning disability thereby focusing attention on the specific accommodations and needs related to hearing loss. However, the exclusion clause has also been interpreted by many states to mean that the learning difficulties of children who are DHH can only be the result of hearing loss and not a neurological dysfunction (Soukup & Feinstein, 2007).

“It’s important to realize that my son’s learning disabilities would exist even if he heard perfectly,” says Christina, a mother, whose 16-year-old son is a bilateral cochlear implant user. “After a couple of false starts we were finally able to find a psychologist who was able to take his hearing loss into account while diagnosing his learning difficulties. That attention made all the difference in the world.”

If you suspect your child might have an additional learning disability, it is crucial to work with someone who has experience working with children who are DHH. “Children who are DHH are such a heterogeneous population,” says Lois Heymann, director of the Steven and Shelley Einhorn Communication Center in New York City, “that any evaluator needs to know the variables that are involved in hearing loss, such as: How serious is the loss? When was the child diagnosed? At what age were they aided? What about their academic gaps? All these facets need to be taken into account as all that impacts what kind of therapy a child might need.”

...does not include children who have learning problems which are primarily the result of visual, hearing, or motor handicaps, mental retardation, emotional disturbance; or environmental, cultural, or economic disadvantage (U.S. Department of Education, 2006).

It is understandable why there was a need to reduce the over-classification of learning disabilities in children who are DHH. According to Calderon (1998) using the two-year discrepancy between IQ and academic achievement would have resulted in classifying the majority of children who are DHH by the time they reached 3rd or 4th grade with a learning disability. “Thankfully the cognitive-academic split is no longer used as an absolute indicator of a learning disability
While this list serves as a great starting point in collecting data and information about your child, it is important to remember that each child has individual circumstances and additional measures and sources of information might be needed. “I would also want to know a list of information about the early intervention, language choices, language and education environments at home and school, and a really in-depth analysis of current speech and language functioning,” says Adams.

Rising to the Challenge: What Parents & Educators Need to Know

Although it is challenging to diagnose a child who is DHH with a learning disability, this diagnosis is essential to ensure that a plan can be implemented to help him/her develop academically and emotionally. The frustration of having a child’s learning difficulties misdiagnosed is that interventions put in place will be neither appropriate nor helpful. “Years of academic frustration and failure can not only hinder a child’s ability to develop skills that will lead to independence and maturity,” says Soukup, “but can also hinder the development of healthy self-esteem.”

The combination of hearing loss and learning disabilities presents a complex challenge to parents and professionals. However, none of the challenges are insurmountable as long as there is awareness and understanding on the part of parents, teachers and professionals. It may take time, but it is important to find professionals who have experience working with children who are DHH with a learning disability. Parents should collect data about their child’s academic performance (assignments s/he has completed, struggles s/he has observed while helping her/him with homework, consistent difficulties highlighted on school reports) and then visit with their child’s teacher and share concerns. The teacher may try to implement strategies to address areas of concern. Other possibilities include the implementation of a response to intervention plan (RTI). RTI differs from the previous “ability-achievement discrepancy” that was used to identify children for special education. The idea is that education decisions will be instead based on the outcomes from targeted classroom interventions. One issue that arises from this approach is that school districts may keep a child in RTI and delay classification for special education services. As a parent you have the right to request an evaluation of your child at any time.

Tips for Parents

A key component of moving towards the identification of a learning disability is awareness and keeping track of patterns over time. The following are some suggestions to help parents and educators ensure that children who are DHH receive the academic supports they need.

• A child who is DHH should follow typical patterns of growth and achievement. Hearing loss is usually not accompanied by characteristics of the processing problems of learning disabilities such as visual-perceptual problems, attention deficits, perceptual-motor difficulties, severe inability to learn vocabulary, consistent retention and memory problems, or consistent distractive behavior and emotional factors. If any of these behaviors are present on a consistent basis in your child, then it is important to seek more information as to why these issues are occurring (Pollack, 1997).

• Learning disabilities do not appear overnight. “There will be red flags along the way that a child will have been lagging behind from an early age,” Heymann said. Parents should collect data about their child’s academic performance (assignments s/he has completed, struggles s/he has observed while helping her/him with homework, consistent difficulties highlighted on school reports) and then visit with their child’s teacher and share concerns. The teacher may try to implement strategies to address areas of concern. Other possibilities include the implementation of a response to intervention plan (RTI). RTI differs from the previous “ability-achievement discrepancy” that was used to identify children for special education. The idea is that education decisions will be instead based on the outcomes from targeted classroom interventions. One issue that arises from this approach is that school districts may keep a child in RTI and delay classification for special education services. As a parent you have the right to request an evaluation of your child at any time.

• Some teachers are good at picking up subtleties in a child’s learning. Be careful not to dismiss a teacher’s concerns by immediately thinking that they don’t understand children who are DHH. Instead, work together with the teacher in looking for evidence as to what exact difficulties your child might have.

• Pinpointing behaviors that might indicate a learning disability can be difficult in children who are DHH, but the following are signs to look for, according to Soukup. These challenges might include: difficulties processing visual information, extreme difficulty in learning and retaining vocabulary (reading and spelling), reading difficulties, challenges with handwriting, disorders in attention, problems with organization, and inappropriate social skills.

• Children with learning disabilities demonstrate difficulties that are consistent and do not resolve over time. For example, “vocabulary will not grow the same way in a child who is DHH,” says Heymann, “but this is not a learning disability.” Similarly, Adams suggests that “if a child has a two-year language delay, of course there would be some difficulties in an academic setting, but that doesn’t mean there is a learning disability.”

• Increased demands can unmask learning difficulties. “Some kids are really good at compensating in their environment,” says Adams, “and develop strategies that can get them by for a while. It’s very difficult to know whether they are identified with a learning disability and qualify for services. Sometimes there is not enough of a learning discrepancy to meet qualification standards."
READING ALOUD: BENEFITS BEYOND BEDTIME

BY KRISTINE K. RATLIFF, M.ED., L.S.S.CERT. AVED

One of the most effective strategies to promote the development of listening and spoken language for children who are deaf and hard of hearing regardless of age is something many parents have done for years as a pleasurable activity. Reading aloud to your child should begin in infancy and extend beyond when the child can read on his/her own.

Choosing Books for Reading Aloud

Choose books you like or liked as a child. For a child with a hearing loss, reading aloud is especially important because it provides a purposeful opportunity to reinforce these concepts, which may be, or have been, missed incidentally. In addition, it stimulates conversation between parents and children and reinforces reading as a pleasurable activity. Reading aloud to your child should be incorporated into your daily conversation. For example, if you read the word 'pristine' in a book, look for opportunities to use it; for instance, "Dad just cleaned the car, and it looks pristine!"

Pose open-ended questions about the book to encourage your child to retell the story (Buehler, 2012). Discuss key vocabulary words or figures of speech found in the context. This can be done prior, during, or after reading. Reinforce new vocabulary by incorporating it into your daily conversation.

Take a trip to the library and explore books. Libraries often display award winners. Librarians can make recommendations for high-interest books, and your child can peruse and make choices as well. Don't forget to include widely known classic fairytale books such as Goldilocks and the Three Bears or Little Red Riding Hood to your reading aloud repertoire. These stories are referenced in other books, movies and TV shows, and knowledge of these fairytale books is assumed in popular culture.

Be sure to read a variety of texts, including fiction, non-fiction, poetry, etc. Different literature offers different benefits. Fictional books promote imagination, giving children the chance to explore places otherwise unknown, and allow readers to know the thoughts of characters, including animals. This insight can promote Theory of Mind, the ability to understand the emotions, thoughts, beliefs and intentions of others (Sapolsky, 2013). Theory of Mind is essential for successful social interaction. Fiction can also allow your child to develop an appreciation for a popular character, or characters, who appear in multiple books, such as Clifford in the Norman Bridwell books or Piggie and Gerald in The Mo Willems books.

Non-fiction books promote vocabulary, background knowledge and critical thinking skills (Polete, 2004). Non-fiction can introduce a child to actual places, time periods and individuals. It can be used to foster or reinforce an interest, such as dinosaurs or China. Reading non-fiction also exposes your child to text features specific to non-fiction, such as photographs, captions and graphs.

Reading poetry with your child exposes him or her to rich and unique uses of language. Humorous poetry, such as Shel Silverstein or Jack Prelutsky, is highly engaging. Poetry with alliteration and repetition like Dr. Seuss can promote phonemic awareness, an essential literacy skill distinguishing sounds in words and moving them to create new ones (Dauarsma, Augustyn, & Zuckerman, 2008). More traditional forms of poetry may be read to expose rich language use on endless topics.

Strategies to Promote Listening

When reading to your child, be sure s/he is wearing functioning and appropriate amplification. You want to ensure your child has adequate access to sound to hear you reading the book.

Sit with your child on your lap or beside you. If hearing is better on one side, be sure to sit on that side.

Sit in a comfortable spot with soft but adequate lighting. This reinforces reading as a pleasurable activity.

Read at a volume you would typically use for conversation; however your rate, or speed, should be slower than your typical rate of conversational speech. Be sure to model natural fluency (smooth reading) and intonation. Read with expression and don't be afraid to take on the voices of characters—this engages your listener.

Use acoustic highlighting to emphasize important words or phrases. Pause before or after a key word and give it stress, making it more salient than the words around it. This draws a child's attention to a word that is important to know.

Use auditory closure and "expectant lean" strategies. Begin a predictable sentence, then pause and expectantly lean towards your child as if waiting for a response. This allows your child to "jump in" to complete the phrase. This works especially well with rhyming books, falling in a rhyme, or repetitive books, such as Brown Bear, Brown Bear by Bill Martin.

Consider reading a page first, without always showing the pictures. This allows your child to create his/her own scenes in his/her imagination.

If reading a novel with an older child, get two copies—one for you and one for your child. Have your child visually track, or follow along with the text, as you read. Tracking can promote word recognition, joint attention and practice with listening.

Strategies to Promote Language

After you have finished reading, encourage your child to retell the story (Buehler, 2012). Discuss key vocabulary words or figures of speech found in the context. This can be done prior, during, or after reading. Reinforce new vocabulary by incorporating it into your daily conversation. For example, if you read the word 'pristine' in a book, look for opportunities to use it; for instance, "Dad just cleaned the car, and it looks pristine!"

Encourage your child to make predications by asking "What do you think will happen next?"

Make connections, relating the story to experiences or other books, "This reminds me of...

If the story lends itself well, plan a follow-up, related activity such as a craft activity or day trip (Buehler, 2012; Keene & Zimmermann, 1998).

Establishing a daily or nightly routine of reading aloud to your child is a bonding experience with lifelong benefits. Curl up with a good book and enjoy!

REFERENCES


How Reading Becomes Dialogic

By using motherese/parentese when reading a book to their child, parents effectively capture the toddler’s attention and cultivate his/her future desire for reading, learning and exploring. In addition, by using props such as toys and recycled (or easily obtained) materials from around the house, parents and caregivers can make reading an inexpensive and highly rewarding stay-and-play activity with their toddler with hearing loss. Dialogic reading is a shared interactive conversation between a toddler and his/her parent/caregiver/listening and spoken language professional that should be fun (Lonigan, 2011).

This technique changes passive, adult-directed reading into an active, dynamic and interactional framework with the toddler as a partner. When adults share books with toddlers, the child may be focused on looking at the book and not necessarily listening to the story. Dialogic reading builds a listening foundation for the toddler to eventually become a storyteller (Whitehurst, 1992) through gestures, single words, two-word combinations and phrases. This underscores the power of learning through listening, especially for children with hearing loss.

The PEER Sequence

Families coached with the use of the PEER sequence when sharing books with their child are often pleased by the toddler’s increased attention span with the book. The increased attention span helps the toddler to absorb the language through listening. The reading technique using the PEER sequence encourages the adult to:

- Prompt the child to vocalize or gesture (use wait time 8-10 seconds)
- Evaluate the toddler’s response
- Expand the toddler’s response with rephrasing using parentese/motherese
- Repeat the prompt

Books with props help the toddler and adult stay and play in a meaningful and fun listening interaction. The behavior change modeled by the parent (Mol et al., 2008) complements a behavior change in the toddler as they participate together in the shared book reading.

As a parent, grandparent and parent-infant advisor at the Sunshine Cottage School in San Antonio, Texas, I have seen firsthand the importance of interactive dialogic reading to toddlers with hearing loss to encourage vocabulary growth and plant the seeds of future academic success.

How children behave during book sharing with their parents, caregivers and listening and spoken language professionals depends on their experience with books in general. One toddler can sit through interactive readings of multiple books, often requesting a favorite book over and over again, while another toddler squirms and runs away and seems to exhibit no interest in the book sharing experience.

The importance of reading aloud during the first three years of a child’s life cannot be overstated. During this time, parents are their child’s first and most important teachers providing the sound code or phonology for language development. Parents imprint their baby’s brain with the sound code of language using a technique called motherese/parentese to capture their child’s attention during the shared daily routines of life. Help and support from the adults in a child’s life build vocabulary skills (Mol, Bus, De Jong, & Smeets, 2008).
The Humpty Dumpty Routine: Dialogic Reading

Pairing props with actions is an effective way to cultivate language and listening development. I created the “Humpty Dumpty” kit, which consisted of a hard-boiled egg, Play-Doh, feathers, building bricks, markers and a tiny book. I use it in listening and spoken language sessions to teach parents dialogic reading techniques by facilitating turn-taking strategies with the family to keep everyone engaged with creating Humpty Dumpty out of the hard-boiled egg and the other materials. The experience takes parents through the dialogic process by acoustically highlighting the selected language targets. It is important that professionals pace the activity according to the needs of the toddler. Below is an example of one of these sessions:

Professional: “Uh-oh, Humpty has no eyes...let’s draw some eyes on Humpty.”

Parent: “Where are your ears? (looking at the toddler) Where are Humpty’s ears?”

Professional: “Uh-oh, Humpty has no legs. Let’s make Humpty legs. Roll the Play-Doh.”

Parent: “Where are your arms? (talking to the toddler) Where are Humpty’s arms?”

Professional: “Humpty needs a hat. Let’s make a hat.”

Parent: “Humpty needs a feather for his hat.”

Once Humpty Dumpty is complete, professionals can proceed with the story by rocking Humpty Dumpty back and forth with their finger behind his hat as they sing the story while the parent turns the pages of the story. The professional can then hand over Humpty Dumpty—already cracked from his first fall—to the parent for another round of the song.

Finally, the toddler can have his/her turn controlling Humpty and letting him fall and crack. Collectively creating Humpty during an auditory-verbal session is part of the rich language process before sharing the book and song. Playing with props captures the toddler’s attention and turns the book reading into many shared conversational turns (dialogic reading). It engages the toddler into a storytelling role by asking him to repeat the story after having heard it from both the professional and the parent.

This is a strategy for expanding auditory memory from one critical item to two and beyond. For example, I always ended the reading dramatically with a different twist, by saying, “Humpty Dumpty sat on a wall, Humpty Dumpty had a great faaaaaaal, uh-oh, he’s cracked...so we ate him!”

Run, Mouse, Run!

The board book, Run, Mouse, Run! by Petr Horacek is great for exposing toddlers to actions and prepositions.

The story required the following materials: a mouse toy, a chair, a table, a cup, a shoe, a cat toy and a tissue box. Sitting at the kitchen table, the professional, the mother and then the child take turns acting out the story with the props, page by page, making the mouse run across the table, up and into a cup, down the table leg and into the tissue box. Next, the mouse runs out of the box and into the shoe and, finally, into a hole provided by the book away from the cat. The turn-taking strategy allows the toddler to listen and see each phrase twice before it is his/her turn.

This format provides an early interactional framework encompassing joint attention, turn-taking techniques and communicative intent. An added benefit of this technique is helping the toddler to learn self-regulation by waiting his/her turn.

Depending on the toddler’s age and language development, his/her speech may vary from matching syllables with vocalizations all the way to matching the words of the professional and the parent or caregiver. Some pre-verbal toddlers may only say “Moom!” at the beginning, then “Run,” at the end. This format provides an early interactional framework encompassing joint attention, turn-taking techniques and communicative intent. The professional can then hand over Humpty Dumpty—a hard-boiled egg, for a story. For example, while I was playing with my grandchildren ages 28 months and 3½ years, they brought me a book to read. I opened the book and asked them to go find a frog toy in their room that matched the one in the story. Off they ran to search for a frog and a minute later returned with one. Now they needed to find a mouse, so off they ran back to the bedroom to hunt for a mouse. This activity continued for every page of the story until we accumulated the full cast of characters. Such activities extend the time for book reading through play and make toddlers eager to participate in the actual reading of the book.

Reading aloud to toddlers with hearing loss improves their ability to listen and imitate the sound code of spoken language. Remember, listening comes before talking. Dialogic reading promotes language development and helps with literacy development preparing toddlers for the wonderful world of reading. In order for this time to be meaningful to the toddler, it must be: }

Resources for Parents and Professionals to Encourage Dialogic Reading


Jeanine Gleba’s daughter, Grace, was born with a severe sensorineural hearing loss in each ear, which was discovered during a voluntary hearing screening that was performed when she was born in 1999 (mandated hearing screening in New Jersey took effect the following year). When Gleba began her journey to obtain early intervention services for her daughter, she found out that her employer’s self-funded health plan would not cover the cost of hearing aids for Grace. Gleba filed a complaint with the Equal Employment Opportunity Commission, which ruled in her favor a year later.

Gleba lives in New Jersey where approximately 1 in 1,000 children are born with a hearing loss. With newborn hearing screenings required by law in her state starting in 2000 and the subsequent identification of hearing loss for many children at birth, Gleba felt that newborn hearing screening by itself was futile if children with hearing loss could not get appropriate and affordable amplification.

After reading a newsletter article about a proposed hearing aid coverage law in her home state of New Jersey and befriending Carol Granaldi, who founded the initial movement to enact hearing aid insurance legislation in New Jersey, Gleba became a “mom on a mission.” Gleba initiated a grassroots advocacy effort. It took nine years and numerous bills that had been introduced in six legislative sessions since 1999 until her legislative effort won the support of 57 sponsors in both houses of the state legislature, which was then signed into law on December 30, 2008.

She used strategies gathered from an advocacy summit hosted by AG Bell to garner support for the bill, which was later renamed “Grace’s Law” in honor of her daughter. She mailed flyers with updates and advocacy action items to supporters. Taking advantage of the burgeoning use of the Internet, she put together e-bulletins, built a website with the help of a volunteer, and launched an Internet petition that garnered 8,400 signatures. Gleba harnessed the support and enthusiasm of other families, sought and gained media coverage, participated in awareness and fundraising activities related to hearing loss, and she and her daughter Grace never missed a committee hearing related to the bill.

THE AG BELL BOARD OF DIRECTORS RECENTLY SELECTED THREE NOTABLE INDIVIDUALS TO RECEIVE THE PRESTIGIOUS AG BELL AWARDS.

Jeanine Gleba, a mother of a daughter with hearing loss, was selected for the 2013 AG Bell Award of Distinction for her advocacy effort to pass Grace’s Law—New Jersey’s hearing aid insurance mandate. Jacob Landis, a young man with a cochlear implant and a passion for baseball and biking, is the 2014 recipient of the AG Bell Award of Distinction for his Jacob’s Ride, a 10,000-mile bike ride to 30 Major League Baseball stadiums to raise funds and awareness for cochlear implants. The AG Bell Award of Distinction recognizes an individual or organization outside the field of education or (re)habilitation of individuals with hearing loss that has made an outstanding contribution to hearing loss issues.

John Stanton, Esq., a lawyer who is deaf and the current chair of the AG Bell Public Affairs Council, is the recipient of the Honors of the Association Award for his extraordinary contributions to AG Bell and its mission of advancing listening and spoken language for individuals who are deaf and hard of hearing. The Honors of the Association Award is presented in recognition of an outstanding individual in the field of listening and spoken language who has advanced the goals of AG Bell over many years of committed service. These individuals are united by their perseverance, enthusiasm and magnanimity in the face of obstacles to bring about positive change for all individuals with hearing loss who use listening and spoken language whether through a grassroots legislative effort, a 10,000-mile bike ride, or deep, committed legal expertise in the field of disability advocacy.

Join us in learning more about and honoring these remarkable individuals and their visions!
Despite opposition from insurance companies and a general unwillingness among legislators to pass any legislation with a fiscal impact, the bill finally passed the full assembly in 2008, gaining sponsors from every district in the state.

Signed into law on December 30, 2008, Grace's Law requires all health insurers in the state of New Jersey to provide up to $1,000 in coverage for each hearing aid prescribed for children 15 years old and younger, with the exception being self-funded plans which are protected federally under the Employee Retirement Income Security Act (ERISA) and do not have to follow state mandates.

Gleba continues to work for expanded hearing aid coverage for children. Her dream is for insurance coverage for hearing aids to become a reality on the national level and to be standard inclusion for all policies.

For more information on Grace's Law and Jeanine Gleba, visit www.gracelaw.com.

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**2014 AG BELL AWARD OF DISTINCTION: JACOB LANDIS**

Jacob Landis started Jacob's Ride in 2012, an effort to raise money for people who need a cochlear implant but cannot afford it. Jacob's Ride combined his love of baseball and cycling and aimed to "hit a home run for hearing" by raising awareness of the difference cochlear implants can make in the life of people who are deaf and hard of hearing.

The ride, which encompassed 30 Major League Baseball parks stretched out over 10,000 miles, began at Nationals' Park in Washington, D.C. on April 3, 2013 and was scheduled to end on September 24, 2013 at Marlins' Stadium in Miami, Fla.

On September 22, 2013, four miles from his hotel and with only 2 days and 180 miles left to go, he was struck on U.S. Highway 27 South while cycling towards his last destination in Miami. Landis suffered a severe concussion along with other injuries. He still attended the finale at Marlins Stadium, though walking his bike in instead of pedaling. His effort raised over $150,000 and continues to receive donations.

Landis has come to believe that his deafness has a special purpose. He is fully aware of the difference the implant has made in his life. Landis had progressive hearing loss as a child, which was identified at age 2, after his mother felt his speech development was slow. Over the next three years, Landis's hearing continued to deteriorate and he was fitted with hearing aids. When hearing aids no longer provided him with a benefit, Landis went through the cochlear implant process and received a cochlear implant at age 10.

Landis went on to attend middle school, high school and college in the mainstream. He earned an associate degree from Anne Arundel Community College. Landis now works full-time at Whole Foods in Annapolis, Md., while pursuing his Business Administration degree at the University of Maryland.

Over the years, Landis has met with hundreds of cochlear implant candidates and their families. He has spoken at medical conferences and to college engineering students about the designing of devices for those with special needs.

During his teenage years, Landis became a passionate baseball fan, holding season tickets with the Baltimore Orioles and attending between 20 and 30 games a year. He is also an avid cyclist, and by combining twin passions for baseball and bicycling, Jacob's ride was born.

Landis is making plans for the future but knows that he will be working in some way to raise cochlear implant awareness for the rest of his life.

To learn more about Jacob Landis, visit his website www.jacobride.com.

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**2014 HONORS OF THE ASSOCIATION AWARD: JOHN STANTON, ESQ.**

John Stanton is the current chair of the AG Bell Public Affairs Council. Stanton is a longtime volunteer with AG Bell—a tireless advocate for movie captioning as well as promoting CART in the classroom. He has generously contributed his legal talents and expertise over many years to advance issues of critical concern to people who are deaf and hard of hearing.

Stanton is senior counsel at the Washington, D.C. law office of Holland & Knight, LLP, where he specializes in appellate advocacy litigation and has worked on numerous cases involving civil rights laws. He also has written extensively about the history of people with disabilities and has extensive pro bono experience in the field of disability advocacy, which he has put to full use in his tireless commitment to AG Bell's advocacy and regulatory efforts.

He graduated from Dartmouth College and the Georgetown University Law Center. After obtaining his law degree, Stanton served as a judicial clerk for Judge Nathananiel Jones on the U.S. Court of Appeals of the Sixth Circuit. Prior to joining Holland & Knight, he worked at the Washington, D.C. office of Honrey, LLP.

Stanton became deaf in early childhood and grew up using spoken language and speechreading, and received a cochlear implant in 2001. He has been a member of AG Bell since the mid-1990s and is a former member of the board of directors. He has drafted numerous petitions for certiorari, oppositions and amicus briefs filed in the U.S. Supreme Court. He has been involved in appeals in nearly every federal appellate court, as well as several state courts.

As chair of the Public Affairs Council, Stanton is instrumental in establishing the direction of AG Bell's public policy efforts. He has also guided the association in cases where the association chooses to file amicus briefs or other petitions on behalf of individuals with hearing loss pursuing appropriate accommodations. He has worked with the association on the development of many of its position statements, including on the United Nations Convention on the Rights of Persons with Disabilities (CRPD), the first international treaty to address disability rights.

One of Stanton’s most recent publications is a law review article on the history of lawyers who are deaf and hard of hearing. “Breaking the Sound Barriers: How the Americans With Disabilities Act and Technology Have Enabled Deaf Lawyers to Succeed” published in the Valparaiso Law Review recounts the history of lawyers who are deaf in the 19th century and discusses the obstacles that aspiring lawyers and law students who are deaf have encountered throughout most of the 20th century until the Americans with Disabilities Act was passed. Stanton provides numerous examples of how increased awareness, greater legal protections and advanced technology have removed many of the barriers that lawyers who are deaf have faced throughout the decades by sharing his own experiences as well as those of many AG Bell members, including Rachel Arfa, Michael Tecklenburg, Bonnie Tucker, Laura Gold, Mac Gibson, Susan Harris, Michael Stein and Caitlin Parton.

Look for more information about AG Bell awards in upcoming issues of Volta Voices.

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In order to keep our costs down we do not accept credit cards so we can pass the savings on to you.
Key health care insurance reforms mandated by the Affordable Care Act (ACA), signed into law by President Obama on March 23, 2010, went into effect at the start of this year. These reforms enable individuals, including individuals who are deaf and hard of hearing, to compare and purchase state and federally regulated health insurance products which by law must meet a number of new requirements.

For example, issuers are no longer allowed to deny people with hearing loss or other pre-existing conditions coverage under most new health insurance plans; certified qualified health plans (QHPs) must cover a minimum benefits package (including an array of hearing services which vary by state); and coverage limits under these plans cannot include annual and lifetime monetary coverage caps on essential health benefits (EHBs).

On Tuesday, October 1, 2013, states and the U.S. Department of Health and Human Services (HHS) opened their health insurance exchanges, otherwise known as “marketplaces.” The marketplaces exist online and, when operating as intended, provide one-stop shops at which individuals and small groups can compare and purchase health insurance plans. Issuers display the various plans they are offering and consumers should be able to see what benefits are covered and at what cost, and choose the right plan for their circumstances.

Although all states have the authority to run their own marketplace, over 30 states have elected or defaulted to a federally-run or “partnership” exchange in which HHS will have significant operational and legal responsibility over the state activity. Only 18 states will run their own exchange in 2014. In the first days and weeks of their debut, both HHS and state exchanges experienced significant technical difficulties, rendering the exchanges at least temporarily inaccessible.

To date, HHS is reporting that at least 2 million individuals have purchased private insurance through the federal exchange. States are reporting varied success with enrollment. Starting this year, non-exempt individuals must show consistent enrollment in health insurance coverage or pay a fine. The ACA provides premium subsidies for individuals earning between 100 percent and 400 percent of the federal poverty level (FPL). These subsidies will vary in value depending on where the individual’s income falls within these limits. For those earning between 100 percent–250 percent of the FPL, subsidies for deductibles and copayments will also be available.

Coverage purchased on the exchanges by individuals and small groups before the December 2013 deadlines became effective on January 1, 2014. For each successive month, the deadline is the 15th in order to have coverage effective by the first of the next month. It is important for consumers to note that issuers only have to guarantee coverage during the initial enrollment period; after that initial deadline is passed, only consumers who have qualifying life events (i.e., marriage or having a baby), are guaranteed issue until the next open enrollment period.

**Essential Health Benefits, the Benchmark Plan Process and Hearing Health**

The ACA requires that all non-grandfathered individual and small group health insurance plans, as well as Medicaid benchmark and benchmark-equivalent plans, cover essential health benefits (EHBs); most new small employer and individual plans must cover EHBs regardless of whether these plans are offered on an exchange.

By law, there are 30 categories of EHBs, including ambulatory patient services, emergency services, hospitalization, prescription drugs, rehabilitation and habilitation services and devices,
chronic care management and other categories of benefits.

Neither the law nor the federal EHB regulations stipulate the specific benefits within each category that plans must cover. Instead, federal guidance to the states has directed state officials to select an existing typical small group plan to become that state’s benchmark plan for health care reform. When a benchmark plan within a state fails to cover one of the EHB categories (for example, habilitation services), the state and the issuer are required to ensure that the category is sufficiently covered moving forward. In addition, if a benchmark did not cover a state benefit mandate (such as hearing aids) in the past, the benchmark must be revised to ensure that the category is included in the next benchmark plan moving forward. However, this requirement only exists for mandates passed before January 1, 2012. All “qualified health plans” or “QHPs” in a state must cover substantially equal benefits to the benchmark plan in that state. Many states allow plans to substitute actuarially equivalent benefits within EHB categories. When they compare and purchase plan coverage, it is important for consumers to look carefully at the types of benefits covered within the EHB categories, as there will be some variation between plans even within the same state. Individuals who are deaf and hard of hearing should review plan documents that detail specific service coverage, including coverage for rehabilitative and habilitative services and devices.

The benchmark plan is developed by state officials within the Department of Insurance and community who can assist consumers with comparing and purchasing plans. These navigators are independent of insurance plans, and are not allowed to accept payment from consumers or insurance plans. In addition, many states have officials within the Department of Insurance who can answer consumer questions.
Family Needs Assessment

The sky is the limit for today’s children with hearing loss whose families are pursuing a listening and spoken language outcome. Universal newborn hearing screening, timely and appropriate amplification with hearing technology, and sufficient and timely and appropriate amplification with a listening and spoken language outcome.

Section 1—Respondent Demographics
Examine the methodology behind the survey and the target population that AG Bell wanted to learn more about.

Section 2—Access to Information
The first weeks or months after a child’s diagnosis of hearing loss are emotionally difficult for families. Families have to make important decisions early in the child’s life, making access to timely, unbiased, relevant, and culturally sensitive information a fundamental need for families. Information in this section reveals how parents gathered and received information in the weeks and months after their child’s initial diagnosis of hearing loss.

Section 3—Emotional and Support Resources
Availability of emotional, counseling and support resources in the local area varied widely. More than a quarter of respondents noted a challenge associated with the availability of such resources. In this section, visitors will learn how families used emotional and other support resources.

Section 4—Early Intervention Services
After a child is diagnosed with hearing loss and found eligible for Early Intervention services, the family and a team of providers meet to develop the Individualized Family Service Plan (IFSP) administered under Part C of the Individuals with Disabilities Education Act (IDEA) with the development of an Individualized Education Program (IEP), which serves as the foundation of a child’s access to the general curriculum under special education. The IEP is focused on the needs of the child. This section discusses public school placement and the educational support services made available by the local public school

Section 5—School-age Years
Once the child turns 3 years old, educational services are provided under Part B of IDEA with the development of an Individualized Education Program (IEP), which serves as the foundation of a child’s access to the general curriculum under special education. The IEP is focused on the needs of the child. This section discusses public school placement and the educational support services made available by the local public school

Section 6—Financial Considerations
In this section, visitors will learn about the areas posing the most significant financial barriers to families and where financial assistance would be most valuable.

Survey Highlights
Overall, there were two primary findings drawn from the survey. The first was the variability in responses in terms of geography. The survey shows that there are significant differences both between states and within states. Further, while rural areas are often a challenge in terms of resources and service availability, a number of respondents from major cities also noted a lack of services and/or support.

The second finding was that responses on many questions were quite polarized—with a bimodal distribution of responses for some questions. Many questions asked respondents to provide a rating on a scale of one to five. On a number of these questions, ratings of one or five dramatically outweighed ratings of two, three, and four. This means families had a strongly positive or a strongly negative response to the same question.

This polarity is important because it is a reminder to celebrate the successes that families pursuing a listening and spoken language outcome are finding as we also seek to understand and meet the challenges that still exist for other families.

Go to ListeningandSpokenLanguage.org/FamilyNeedsAssessment today to learn more about the Family Needs Assessment and spread the word through your social networks! Also, please remember to tell us what you think and provide your thoughts and feedback at info@agbell.org.

JWPOSD is celebrating 47 years of helping children who are deaf and hard of hearing to listen, to speak, and to communicate in the world around them.

• Educational Programs—Mommy & Me, Toddlers, Preschool, K/1
• Mainstream Preschool and Support Services
• Parent Education
• Therapy Services
• Audiology—HA, CI, & FM
• BabyTalk—Teletherapy Services

JWPOSD is celebrating 47 years of helping children who are deaf and hard of hearing to listen, to speak, and to communicate in the world around them. Universal newborn hearing screening, timely and appropriate amplification with hearing technology, and sufficient and committed early intervention services help children who are deaf and hard of hearing to reach their full potential.

Despite the success stories, many children are not receiving the full spectrum of services needed to ensure successful outcomes. Families have indicated that they often experience stress related to their chosen communication outcome for their child. There is a fear that at any moment the “rug will be pulled out from under them” and their child’s success will be in jeopardy. This stress has been expressed by parents through postings on AG Bell social media pages, emails sent to the AG Bell national office and discussions at the local level. Families also indicate a perceived lack of understanding as to how their child could be served throughout his or her developmental and educational years.

There have been no recent studies conducted as to how families feel about services or the lack of services they receive in regards to their child’s hearing loss. Recognizing this need, AG Bell commissioned the Family Needs Assessment survey in an effort to gain insight on the perceptions of families with children who are deaf and hard of hearing about the quality and availability of services received, from both private and public providers.

The goal of the assessment was to understand the needs of families as they progress through the major phases of their child’s journey. The main topics addressed in the survey were:
• Access to information
• Emotional and support services
• Early Intervention services (IFSP)
• School-age years and the IEP
• Financial considerations and barriers

Results from the survey are now available on the Listening and Spoken Language Knowledge Center at ListeningandSpokenLanguage.org/FamilyNeedsAssessment. This section provides a wealth of information and resources, replete with data and graphics, for families, professionals, students, policy-makers, the media and the general public.

The landing page introduces readers to the survey and how AG Bell is working to address the many needs of families noted in the survey. On the right side of the page, visitors will find links to other resources, including a bookmark summarizing the survey as a downloadable PDF as well as AG Bell’s strategic plan finalized in late 2013 that addresses the needs of families. Navigation through the survey sections is easy and intuitive—visitors can use the menu on the left to select the specific section they would like to review or use the “previous” and “next” buttons at the bottom of each page.

On the left side of the page, visitors will find links to other resources, replete with data and graphics, for families, professionals, students, policy-makers, the media and the general public.

The Family Needs Assessment survey is a reminder to celebrate the successes that families pursuing a listening and spoken language outcome are finding as we also seek to understand and meet the challenges that still exist for other families.

Go to ListeningandSpokenLanguage.org/FamilyNeedsAssessment today to learn more about the Family Needs Assessment and spread the word through your social networks! Also, please remember to tell us what you think and provide your thoughts and feedback at info@agbell.org.
There are 365 days in a year, 24 hours in a day, 60 minutes in an hour... How are those minutes, hours and days spent? They probably feel busy and you are probably wishing on a regular basis that there were more hours in a day. My days certainly feel busy. I live in a household where I am the only one with typical hearing. My husband and youngest son are deaf and use bilateral cochlear implants. My oldest son has unilateral moderate hearing loss manifested primarily in the left ear and uses no amplification. And then there is me—the keeper of the schedules.

As a parent, I know that you might feel overwhelmed and anxious, while doing the best you know how, to ensure that your child has every opportunity to reach their full potential. For our family, that means juggling classes focused on listening and spoken language, which are located more than 90 miles from our home, mappings, and routine visits to specialists in addition to soccer practice and a myriad of other activities for our boys. Am I doing enough? I know you have asked yourself these questions many times. But in the midst of all the busyness, the juggling of schedules and that little voice in your head that wonders (and often nags) if you are doing enough, there is the knowledge that language is everywhere you look—it is inside life in anything that you do and anywhere you go.

The listening and spoken language professionals who guided our family on our youngest son’s journey to developing spoken language taught us to cover our home with language cues using sticky notes. Reminders to say “up, up, as we walked up the stairs and “down, down, down” as we walked down the stairs. And while that is a tried and tested way of cultivating language, its real power was in empowering me to find language all around me and transmit it to my children! A few months into our youngest son’s cochlear implant journey, my husband, who has had a profound hearing loss since birth, decided that he too wanted to make the move and get a cochlear implant at age 31. He did not want our son to feel different, and he wanted him to have a role model in growing up with a cochlear implant. High five, Dad. Because that set the tone for what was to come!

The impact of my husband’s decision on our life has been amazing. We have watched their listening lives explode over the past year and a half. My youngest son received his cochlear implant at 13 months old and very quickly went through the stages toward spoken language and on to the typical funny toddler sentences. Some of my best hours are spent with him—four hours on the road, two a day, a week taking him to class—as I watch him brighten the world with his sweet voice.

My husband has become an adult reporter in our circle of friends. He is able to share his experiences and often shed light on that of our children.

As you can imagine, the age at which my husband and my youngest son received their cochlear implants makes their experiences very different. Similar to the way a piece of chewing gum feels as you begin to chew, the ease and smoothness changes over time. The brain’s elasticity is explained in a similar way. For my husband, his excitement is in the small sounds that are all around us. Trickling water, bacon sizzling on the stove, the ocean waves crashing or coins in the pocket of someone walking by. Though he has always used listening and spoken language to communi cate, the cochlear implant has amplified his life, positively improving his spoken language and overall self-confidence.

The professionals who work with our children have only a slice of time with them; we, as parents, have the rest and we can use it in simple but creative ways that don’t involve finding more hours in a day or scheduling your own home therapy sessions. We, as a family, look for language everywhere and below are some ways that we encourage language through everyday activities.

**Getting Dressed**

It is something we all do every day, so why not put words to it. Shirt, pants, socks and shoes are all names of things that children need to learn along with their body parts. “Right leg, left leg, pull up your pants.” Used repetitively and consistently it becomes second nature to talk through these steps and although this may seem so ordinary and even unnecessary, it gives our children more language and knowledge of their world.

**Grocery Store**

Exploring the grocery store is one of my favorite activities to do with the boys. It is a whole new world for sound and language. There are fruits and vegetables of every color to explore, not to mention things to listen to as well. The freezer sections lend themselves to discussions of cold, and the frozen food section invites the introduction of new sounds like “brrr.” There are things to shake such as cereal boxes and bags of lentils, and listening for the sounds that come from inside the box or the packet. I am not suggesting you start squeezing the bread, but do have fun exploring!

**Listening Walks**

Birds that chirp and wind that blows, leaves that crunch and dogs that bark. Just looking outside your window will give you plenty to talk about, but getting out and enjoying it will take you one step further. As a family, we go on “Listening Walks” where we listen and share the things we hear. That might be a tiny pebble that rolls across the sidewalk or a plane soaring overhead.

After both my husband and our son had their first activations, we took a trip to a local farm. They were able to explore the sounds of chickens, cows and sheep, and even heard the neighing of a horse! The memories of this day are special—I can still see them enjoying these new sounds together.

**Riding in the Car**

I remember the first time I was able to hold a conversation with my son as I was driving down the road and he was buckled safely in his car seat behind me. Although I never imagined this being possible for him or even my husband, we now make sure to hold lots of conversations in the car. Talking through the sound of a car motor while not facing your child is a very useful way to introduce him/her to listening in situations with background noise where the acoustic environment is not ideal. Testing these boundaries together will help to prepare your children for times when they will need to advocate for themselves if they aren’t right by your side.

**Exploring Books Together**

Reading books is a childhood must. They explore worlds outside of our imagination and present us the lessons of everyday life. Books cultivate literacy during every stage of life. Cuddling in with my boys at the end of a day with a story is something I plan to do for years to come, long after they have learned to read on their own. In addition to building knowledge and providing language, reading also encourages sharing, creating and exploring together.

At the end of the day, instead of asking yourself “Am I doing enough?” ask yourself “What is life really about?” For me, it comes down to two things: learning and having fun, and finding ways to combine learning with fun and fun with learning. Language and listening are the perfect opportunities to show your children, regardless of their hearing ability, where learning and having fun meet in this thing called life. My days are busy, but having a front row seat in this experience is worth every moment.
The power of the human voice has always inspired me. Perhaps my greatest joy growing up was when I finally learned how to speak. I was born with moderate-to-severe bilateral hearing loss and received my first pair of analog hearing aids at 18 months old. Sign language was my first mode of communication; my teachers used it to teach me how to talk. The delight at understanding that my hands could convey meanings and ideas heightened my desire to use my voice in the same way, and I quickly transformed from shy hand gestures to pining out full sentences. It took me much longer to learn how to follow a conversation, let alone contribute to one. My path to spoken communication was nonetheless transformative and it helped inspire my choice to pursue a law degree. The capacity to understand the needs of people and, more importantly, their stories, has long been a personal joy inspired me. Perhaps my greatest joy is helping others—struck me as a vital link between weaving together stories and facts in front of an audience to be an oddly safe place where I could speak boldly and share my thoughts. It was also a much-needed training ground; my coaches were ceaseless in correcting my diction and my audiences taught me with their silent cues how to wield my voice, expressions and body language.

In addition to learning how to deliver a speech, I also discovered that I had a knack for connecting with my audience. After years of watching people closely to help my way through conversations, paying attention to and reading my audience felt like second nature. I naturally sought to relate to them and adjusted my delivery based on their nonverbal responses. As my speaking style matured, my ability to emotionally engage with my audience set me apart during competitions. By the end of high school I had delivered speeches from New York to California, twice receiv- ing the honor of Indiana’s state title and, in 2002, the NFL National Championship in Otaroty. Interestingly, even in light of these formal awards, my high school speech coach still swears that I never seriously gave a “speech” in my life—I simply engaged in meaningful conversations.

The experience as a public speaker gave me an entirely new sense of self-confidence in my own ideas and my ability to effectivly express them to a variety of audiences. In college, I shared my capacity for communi- cation with others, teaching the art of written and oral communication and providing the limited depth of expertise that I could offer. While I felt comfortable in my ability to converse with legislators and other lawyers, I wanted to offer more. I needed to couple my skill of conversation with a solid foundation in the language of law as I real- ized that this was the way I could transform social problems into fair and well-balanced solutions. I decided to pursue a J.D.

Life at Law School
To my delight, I found law school to be a vibrant discourse on every subject imagin- able. In the first year alone, I learned to understand the language of property, tort, criminal, constitutional and contract law. It is precisely the foundation it wanted. I am excited to employ my penchant for vibrant discourse on every subject imagin- able. In the first year alone, I learned to understand the language of property, tort, criminal, constitutional and contract law. It is precisely the foundation it wanted. I am excited to employ my penchant for

The George H. Nofer Scholarship for Law and Public Policy is for full- time graduate students with a prelingual bilateral hearing loss in the moderately-severe to profound range who use listening and spoken language as their primary method of communication, and who are attending an accredited mainstream law school or a master’s or doctoral program in public policy or public administration. The George H. Nofer Scholarship for Law and Public Policy was established to recognize George H. Nofer’s service and generosity to the Alexander Graham Bell Association for the Deaf and Hard of Hearing and to the fields of law and deafness research and education. Mr. Nofer, a retired partner of the law firm of Schnader Harrison Segal & Lewis LLP in Philadelphia, is a former member of the AG Bell board of directors. He is a former co-trustee of the Otisbert Foundation and served for more than 15 years as its executive director.

To learn more about the scholarship, visit the Listening and Spoken Language Knowledge Center at ListeningandSpokenLanguage.org and search for Nofer.

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I also jumped at the chance to engage in one-on-one extracurricular activity where students participate in simulated court arguments. The experience pushes my public speaking training to a new level: my audience—the court—can ask me questions and challenge my arguments. It is a great way for me to learn how to be an effective speaker while listening for questions and delivering a persuasive response. I am thus learning to fuse my ability to write and deliver words with an equally strong ability to listen and think quickly on my feet.

I am grateful to AG Bell for receiving the George H. Nofer Scholarship Award for Law and Public Policy (see box on page 36) in 2012 to help with my second year of law school. I am now in my last year of law school, having transferred from the University of Iowa Law School to Cornell Law School. At the time of this writing, my next steps after law school are still under- mined. Regardless of where they take me, I am excited to employ my penchant for communication and persuasive argument in a new and impactful way to bring about positive community change.

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Directory of Services

The Alexander Graham Bell Association for the Deaf and Hard of Hearing is not responsible for verifying the credentials of the service providers below. Listings do not constitute endorsements of institutions or individuals, or do they guarantee quality.

California
Echo Center/Echo Horizon School, 3410 McManus Avenue, Culver City, CA 90232 • 310-836-2442 (voice) • 310-836-0479 (fax) • 310-322-7201 (tty) • echo@echocenter.org (email) • www.echocenter.org (website) • Vicki Isidra, Echo Center Director. Primary elementary school incorporating an auditory/oral mainstream program for students who are deaf or hard of hearing. Daily support provided by credentialed DHH teachers in speech, language, auditory skills and academic follow-up.

HEAR Center, 30 East Del Mar Blvd, Pasadena, CA 91103 • 626-726-2352 (fax) • Specializing in audiological services for all ages, Auditory-Verbal individual therapy, birth to 21 years.

HEAR to Talk, 147 North Sixth Street, Los Angeles, CA 90004 • 213-624-5040 (voice) • Sylvia@hearto talk.com (email) • www.heartotalk.com • Sylvia Rotteirsch, M.S., C.A, CED, CCC, Certified Auditory-Verbal Therapist, Licensed Audiologist, California NPA Certified. Trained by Dr. Ling. Extensive expertise with cochlear implants and hearing aids.

Jean Weingarten Peninsula Oral School and Camp, 3430 McManus Avenue, Culver City, CA 90232 • 310-322-7201 (tty) • www.jwposd.org (email) • www.deafkidstalk.org (website) • Kathleen Daniel, AGBMS and AEHI, a training center for Cued Speech, utilizing Cued Speech. Early Intervention Services/Reading Specialist/Classroom Teachers of Deaf/Speech/Language Pathologist for birth to age three with parent-infant and toddler classes and home based services offered in Wood Dale and Chicago. (phone) 773 536-5720. Parent Education/Clinical services.

Rosie’s Ranch: Ride! Listen! Speak!, 303-257-0493 or 722-851-0927 • www.rosieranch.com • RosieRanch@comcast.net • Our mission: To provide a family centered environment where children with deafness or oral language challenges will expand their parent, listening and verbal skills by engaging in activities with horses, under the guidance of a highly trained and qualified staff. Our programs: Mom and Tot: A 90 minute parent and tot group for ages 0-3. Pony: Daily riding and camp activities; age 6-13. Saturday Riding Club: For riders of all skill levels, ages 6-16. Out of state families welcome to experience ranch life; accommodations will be arranged.

Colorado
CREC Soundbridge, 123 Progress Drive, Wetherfield, CO 80219 • 303-425-4260 (voice) • 303-257-0493 (fax) • www.crec.org (website). Dr. Elizabeth B. Cole, Program Director. Comprehensive audiological and instructional services, birth through post-secondary, public school settings. Focus on providing cutting-edge technology for optimal auditory access and listening in educational settings and at home. Development of spoken language, development of self advocacy-all to support each individual’s realization of social, academic and vocational potential. Birth to Three, auditory-verbal therapy, integrated preschool, Individualized day program, direct educational and consulting services in schools, educational auditory-verbal support services in all settings, cochlear implant mapping and habilitation, diagnostic assessments, and summer programs.


Florida
Clarke Schools for Hearing and Speech/ Jacksonville, 8033 Old St. Augustine Road, Jacksonville, FL 32205 • 904-880-9001 • info@clarke.schools.org • www.clarke.schools.org, Alisa Dennis, MS, CCC-SLP, LSLS Cert AVT, and Cynthia Robinson, M.Ed, CCC, LSLS Cert AVTED, Co-Directors. A member of the Option Schools network, Clarke Schools for Hearing and Speech provides children who are deaf or hard of hearing and hard of hearing with the listening and spoken language skills they need to succeed. Comprehensive listening and spoken language programs prepare students for success in mainstream schools.

Auditory-Verbal Center, Inc.—Atlanta, Macon, Telegraph, 1901 Century Boulevard, Suite 20, Atlanta, GA 30348-4604, 404-633-3390 (voice) or 404-633-6890 (fax). Shawn R. Cole, A cuffsarith Adult Program Director. Comprehensive auditory-verbal and Audiological Services to infants, children, adults, and their families. Through the auditory-verbal approach, we teach children with mild hearing loss to profound deafness to listen and speak without the use of sign language or lip reading. AVC provides auditory-verbal therapy through two main locations: 404-332-5332 in Atlanta and Macdonald but also virtually through teletherapy. AVC also has a full Audiology and Hearing Aid office at the Atlanta location that provides diagnostic testing, dispensing and repair of hearing aids and cochlear implant mapping for adults only.

Hearing and Speech Agency’s Auditory/Oral Program: LittleEars, BigVoices, 9920 Metro Drive, Baltimore, MD 21205 • (voice) 410-318-6780 • (relay) 711 • (fax) 410-318-6785 • Email: hasa@hasa.org • Website: www.hasa.org; Jill Barre, Educational Director, Olga Polites, Clinical Director, Erin Medley, Teacher of the Deaf, Auditory/Oral program for children with language delays or who do not yet have words, in the home environment and in educational settings and at home, development of spoken language, development of self advocacy-all to support each individual’s realization of social, academic and vocational potential. Birth to Three, auditory-verbal therapy, integrated preschool, Individualized day program, direct educational and consulting services in schools, educational auditory-verbal support services in all settings, cochlear implant mapping and habilitation, diagnostic assessments, and summer programs.

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To discover how to enrich your baby’s life with meaningful sound and language through personalized family sessions, call us to request a family center group and home visits. Clarke’s Birth-to-3 Programs provide strategies to support language development through play, speech and listening activities in a supportive environment.

For more information on Clarke’s Early Intervention and Birth-to-3 Programs contact our central office at 413.584.3450 or email info@clarkeschools.org.
for families attending Clarke New York. Our expert staff includes teachers of the deaf/hard of hearing, speech/language pathologists, audiologists, social workers/services coordinators, and occupational and physical therapists.

New School for Hearing and Speech has locations in Boston, Bryn Mawr, Jacksonville, New York City, North Hampton and Philadelphia.

DePaul School for Hearing and Speech, 6302 Adler Street, Philadelphia, PA 19135 • (421) 942-1012 (voice) • 424-942-1036 (fax) • (866) 245-7388 (TDD) • claire@depaullinguapros.org • www.depaullinguapros.org

Independent School. The Children’s Hearing Institute, Second Avenue at 22nd Street, 9th floor, New York, NY, 10010 • (212) 458-3100 (voice) • (212) 458-3101 (fax) • info@cih.org • www.chilanguage.org • 212-279-1281 (voice), 844-279-1281 (toll free) • contact Directions: The Children’s Hearing Institute is located at 22nd Street and 2nd Avenue (near Union Square).

Pennsylvania tri-state region that provides Listening and Spoken Language (LSL) education and support to children who are deaf or hard of hearing. DePaul School is the only school in the western Pennsylvania tri-state region that provides Listening and Spoken Language (LSL) education and support to children who are deaf or hard of hearing. DePaul School provides training for preschool programs and supporting families in addition to serving children with hearing loss in local schools.

Commonwealth of Pennsylvania, Department of Education, and the Pennsylvania State University-Penn State Harrisburg. The Children’s Hearing Institute is an approved private school and offering support services to parents and educational professionals in the region. The Children’s Hearing Institute offers a variety of educational programs and services, including language assessment, speech-language therapy, and audiological services for children with hearing loss.

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Texas
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Montreal Oral School for the Deaf, 4670 St. Catherine Street, West, Westmount, QC, Canada H3Z 1S5 • 514-488-4946 (voice) • 514-488-0862 (fax) • info@montrealoralschool.com (email) • www.montrealoralschool.com (website). Parent-infant program (0-3 years old). Full-time educational program (3-12 years old). Mainstreaming program in regular schools (elementary and secondary). Auditory, cochlear implant and other support services.

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England

The Speech, Language and Hearing Centre–Christopher Place, 1-5 Christopher Place, Cheilton Street, Euston, London NW1 1LF. England + 014-207-383-3085 (voice) + 014-207-383-3099 (fax) + infoday@speechlang.org.uk (email) + www.speech-lang.org.uk (website). Assessment, nursery school and therapeutic: centre for children under 5 with hearing impairment, speech/language or communication difficulties, including William. We have a Child Psychologist and a Child Psychotherapist. Auditory-Verbal Therapy is also provided by a LSLS. Cert. AVT.

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to enjoy the little things in life—high frequency sounds I had never heard before such as birds chirping, being able to listen to Yankee games on the radio and have telephone conversations. Career wise, I knew I wanted to either be a lawyer or a doctor and taking advantage of the best available technology for my hearing would help to reduce some of the potential challenges I could face in a field that is heavily dependent on good communication.

As a physician, you are expected to control the communication encounter with your patients. It helps that most of my interactions are in a one-on-one setting in an environment with reduced background noise.

Additionally, communication assistants are part of the medical culture today, whether they are providing translation services for a non-English speaking patient or serving as a medical assistant. While a noisy hospital environment may give you less control, it is all about helping each other and working together to provide the best care.

At first, I was fearful about going into medicine because of my hearing loss. Ten years ago, I sat in Dr. Oz’s office and told him about growing up deaf, my new life with a cochlear implant and I wasn’t sure if I was crazy for trying to become a doctor. I was expecting to hear the blunt truth that it would be very challenging, take a physical toll and that I should consider law school instead, but somehow he was very inspired and told me that I would make a big impact on patients. He even wrote a letter of recommendation later on my behalf, which was unexpected and caught me off guard. From that moment on, I knew I could become a doctor and never looked back. I am now constantly reminded of that day.

My advice to teens, tweens and young adults with hearing loss is be proactive academically and introduce yourself to teachers and school staff before the start of the school year. Always believe in yourself and find a way to stay connected with your peers whether it is through a sport or an after-school organization. Don’t forget to take advantage of the resources and support systems available to you!

I chose the University of New England for my medical studies because of its track record, cohesive study body, and the willingness of the school administration and faculty to work with me. They were up to the challenge and a few weeks before I started classes, the administration even organized a training to prep the faculty for my arrival. This gave me the opportunity to introduce myself and meet with different professors. It was a smooth transition.

In class, I received remote captioning, a notetaker and an FM system. Prior to my surgical rotation, my school also helped arrange a day in the operating room to allow me to experiment with different communication strategies such as sign language interpreter vs. clear surgical mask vs. FM microphone. It was also important for me to have a good working relationship with the dean’s office so that they would be easily accessible if I encountered any barriers to obtaining medical information. I truly enjoyed living on the coast of Maine and visit often—if you have the chance, go visit! 
Shehzaad Zaman
On Asking for and Receiving Support, Becoming and Being a Physician, and Believing in Yourself

INTERVIEW BY
Anna Karkovska Mcglew, M.A.

The people who inspire me the most are those who believe in themselves despite adversity. One example I love to use is Jim Abbott, a major league pitcher born with one hand and despite many people telling him along the way that there was no way he could play pro ball, he not only became a pitcher, but also tossed a no-hitter for the Yankees. He believed in himself and paved the road for others.

I chose to go into medicine because I received support from countless individuals who helped me get to where I am today. I love learning about people, how the human body works, the challenge of trying to solve an illness and being given an opportunity to transform a patient’s worst fears into strength and hope. It is a very gratifying feeling when you know that you are making a difference and have an opportunity to give back.

I have to start with thanking my parents first and foremost—it is not an easy task to raise a child. Add to that raising a child with a severe to profound hearing loss prior to the availability of cochlear implants. My parents always wanted to make the most of the resources and never once told me that there was something I could not do because of my hearing loss. They always supported me 100 percent.

I initially felt conflicted about transitioning into a mainstream school environment and leaving the comfort where my classmates were also deaf and in the same boat as me. It was the best decision my parents ever made. I quickly learned how to adapt and be comfortable in the hearing world. My parents were proactive and would meet with the school district to ensure that my teachers were prepared from the get-go. As for the social aspect, I was athletic and played a variety of sports, which allowed me to make friends easily and it was important to have a good sense of humor.

Prior to getting my first cochlear implant, I was in high school when I realized what my life was going to be like ahead and I wasn’t satisfied. I had zero speech discrimination and I wanted to be able to understand spoken language without needing to speechread. I also wanted enough with one cochlear implant, I felt that becoming a bilateral cochlear implant user would further fine tune my brain to the world of sound. I have noticed improvement in localizing voices, better understanding in environments with background noise and better ability to deal with accents. In addition, the quality of sound is much richer to me and I now love being able to use the Bluetooth in my car for phone calls. I’m always listening to talk radio such as ESPN radio, NPR or the latest traffic report, although I still end up getting stuck in traffic!

What drove Dr. Graeme Clark to invent the first multi-channel cochlear implant over 30 years ago? What kept him going when others called him crazy and sometimes worse? His father was profoundly deaf and growing up, all he wanted was to find some way to help. His invention came too late for his dad, but for the hundreds of thousands of people whose lives he helped change, it’s been nothing short of a miracle. Let there be sound.

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Enjoying Tuolumne Meadows at Yosemite National Park. Top: Shehzaad, left, practicing in the operating room during medical school. CREDIT: ANNE ROBERTSON

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