Preface

As a result of newborn screening programs, children with hearing loss are identified at younger ages than ever before. For children who are deaf or hard of hearing, this has meant improved outcomes and greater opportunities. For parents, however, learning about their child's hearing loss this early can be an overwhelming experience. Parents are faced with hearing loss related decisions and responsibilities almost immediately — before they know anything about their child.

Our goal is to provide support and guidance for parents who are considering a listening and spoken language approach to communicating with their child. Most families will have the support of an early intervention team of professionals (which can include a teacher of the deaf, speech pathologist, audiologist, early childhood educator, and/or a developmental specialist). The ideas in this booklet will help you and your team set goals for developing listening and spoken language skills as your child grows.

Acknowledgements

We would like to express our appreciation to the people who helped develop this booklet. The content of the book is provided by the staff who work with families in the Infant-Toddler, Preschool, and Evaluation Programs at Clarke. The most insightful contributions have come, of course, from the parents and children with whom we work. With their trust, we share their experiences with you.

We also wish to recognize the administration of Clarke Schools for Hearing and Speech for their expertise and for providing additional material and professional support. We extend a special note of appreciation to Maureen Uhlig and Jessica Appleby who helped us to make these ideas presentable to you.

J.G. and M.H., Northampton, MA

This booklet was made possible in part by a grant from The Grossman Family Foundation, whose generous support has also enabled Clarke to launch the innovative tVisit program that provides early intervention services to families of infants and toddlers with hearing loss in the comfort and convenience of their home via the Internet. To learn more about the tVisit program, visit clarkeschools.org/tvisit or call 413.584.3450.
Dedication

The 2014 edition of this publication is dedicated to the memory of Caley Larkin, whose family participated in the Parent-Infant program at Clarke when her older brother, Ryan, lost his hearing due to meningitis. In a sense, the real authors of this booklet are family members like the Larkins who taught us most of what we know about supporting and educating parents. The Larkins’ generous gift has made it possible to share this knowledge with families as they help their children grow into well-adjusted, capable, and confident adults.

Thanks to a supportive family, and the welcoming teachers and staff at Southern Berkshire Regional School in Sheffield, MA, Ryan was mainstreamed in the local school system from kindergarten through high school.

Ryan was inspired by the entrepreneurial spirit of his extended family and, in 2003, started his own sign and auto detailing business. Today his successful commercial sign business has grown to include local municipalities, hospitals, restaurants, contractors, and retail businesses.

Ryan also acquired a taste for auto racing from his father and successfully raced for five years. In his spare time, you will most likely find him on his boat or hitting the links.

Ryan and his bride, Jess, have just purchased their first home.
Contents

Diagnosis is a Process (items 1-13) 1
Reducing Stress (items 14-27) 4
Deafness and Development (items 28-31) 6
Auditory Perception and Development (items 32-40) 8
Social-Emotional Development (items 41-49) 10
Cognitive Development (items 50-60) 12
Early Communication and Spoken Language 14
  Examples of IFSP Goals
    Auditory (items 61-72) 14
    Speech (items 73-79) 16
    Receptive Language (items 80-87) 16
    Expressive Language (items 88-94) 17
Motor Development (items 95-100) 18
Movements of the Speech Mechanism 18
Conclusion (item 101) 19
Words from Parents 19
Diagnosis is a process

*Diagnosis* is the process where we learn about a child’s hearing loss and determine what a child can and cannot hear, both with and without amplification (such as hearing aids, FM systems, or cochlear implants). This process usually happens over a period of time, as opposed to all at once, and may consist of many tests. It is important for you, as a parent, to understand the nature of your child’s hearing loss and how it can affect his or her development. Keep these tips in mind as you move through the diagnostic process.

1. **Do not take your child for his or her hearing test by yourself.** There will be a lot of new information, concepts, and vocabulary presented during the hearing test. It’s helpful to have another adult with you to hear the results. If two parents are involved in making decisions, both parents should be present. If you must go alone, consider recording the consultation to share with your partner, extended family, or an invested friend.

2. **Establish a relationship with a pediatric audiologist who has had experience with deafness in young children.** Some audiologists are experienced in diagnosing and treating older patients with hearing loss, but are less experienced in the developmental needs of infants and young children. You can ask your pediatrician for referrals to pediatric audiologists, call a pediatric hospital, or contact an educational program for children with hearing loss to ask for recommendations. Interview the audiologists. Ask them about their experience working with young children and, particularly, their experience working with deaf children whose parents have chosen to use a listening and spoken language approach to communication.

3. **Follow up on your referral for auditory brainstem testing (ABR) and behavioral testing promptly.** Getting testing done early is important. Schedule tests to evaluate your child’s hearing status every three months for the first three years. Observe the testing and discuss observations with the audiologist afterwards.

4. **Keep a notebook with records of your visits.** A three-ring binder is a good tool to organize test results, your questions (and their answers), and instructional or educational materials that can help you understand the nature of your child’s hearing loss.

5. **Ask about the differences between hearing tests.** There are many different tests used to evaluate various aspects of your child’s hearing, including auditory brainstem responses (ABR), otoacoustic emissions (OAE), “real ear” measurements, bone conduction, sound-field testing, behavioral observation test-

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**What is a sensory aid?**

A sensory aid is a device used to help a person with hearing loss access sound. Examples include hearing aids and cochlear implants.
ing, visual reinforcement audiometry, conditioned play audiometry, and tympanometry. Ask your audiologist to explain these tests, their results, and what they mean for your child’s hearing.

**6 Ask about the different types of hearing loss and degrees of deafness.** An audiologist and teacher of the deaf can explain how the ear works and what your child’s hearing loss means for his or her development. They can also help you understand the different types of hearing loss, such as a sensorineural hearing loss, conductive hearing loss, or mixed hearing loss.

**7 Ask questions.** Although professionals can help guide decisions, decision-making is ultimately the responsibility of the family. You should feel comfortable asking questions and taking an active role. Make sure you are getting the information you need to make an informed decision. No question is too simple. Examples include:

- Does my child need hearing aid(s)?
- What does my child hear without hearing aids? With hearing aids?
- What does “degree of hearing loss” mean?
- Would my child benefit from a cochlear implant?
- Will my child be able to learn spoken language?
- Will my child’s hearing loss get better? Will it get worse?
- How might hearing loss in only one ear (a unilateral hearing loss) affect my child’s development?
- Should I be concerned if my child’s hearing loss is only mild or moderate?

**8 Learn how to understand and read an audiogram.** An audiogram is a graph that shows the quietest sounds a person can hear at different pitches or frequencies. Ask what the audiogram results mean in terms of your child’s access to spoken language, both with and without a hearing aid.

**9 Ask the audiologist to put you in touch with older children or adults who have a hearing loss similar to your child’s.** Observing children at different stages of development can offer parents an important perspective on their child’s development. If your audiologist cannot do this, a teacher of the deaf may be able to help.

**10 Ask to speak with other parents of children who are deaf.** Audiologists, speech and hearing clinics, programs for the deaf, or early intervention agencies may have a list of parents who are available to speak with you.

**11 Establish full-time use of hearing aid(s).** Children need consistent exposure to sound to develop an understanding of what different sounds mean. Full-time use of hearing aids (wearing them during all waking hours) is essential for your child to develop the foundations for listening and spoken language. If you are considering a cochlear implant, full-time hearing aid use is an important step towards establishing candidacy.
Monitor your child’s responses. The capacity for a child to use his or her residual hearing cannot be measured accurately until full-time use of sensory aids or amplification is established. Observe your child’s responses to sound while wearing hearing aids in many different settings, and report these observations to your audiologist and interventionist. These observations will help your team assess your child’s development.

Learn about the causes of deafness. Although hearing loss is not typically a threat to overall health, it may be important to you to know the specific cause of your child’s deafness. The primary causes of deafness are genetic predisposition, illness, and trauma. Several genes associated with hereditary deafness have recently been identified. If illness or trauma caused the hearing loss, or if the hearing loss happened suddenly, your child’s overall health should be evaluated. Though rare, there are some syndromes associated with deafness that have additional health risks. Ask your pediatrician if you have other concerns, and find out if your child should have further medical evaluations. Your pediatrician can provide referrals for screenings and genetic testing.
Reducing Stress

After diagnosis, many family routines may change. Appointments for diagnostic work, early intervention, and therapies can complicate day-to-day life. Making decisions about communication choices and dealing with the politics of education and deafness can create anxiety for new parents. There are many ways to reduce stress during this adjustment period.

14 Allow time for feelings associated with the initial diagnosis. These can include anxiety, anger, guilt, and even joy. Most parents experience a range of emotions related to their child’s hearing loss and the changes in their lives. Expect similar feelings to surface and acknowledge what you are feeling. Expect that these feelings might recur at the beginning of each new stage of your child’s development.

15 Get to know your child exclusive of his or her hearing status. Relax with your child. Enjoy holding him or her, looking at each other, and knowing each other through everyday activities like feeding, bathing, diapering, talking, and playing together.

16 Understand that a portion of your time will be devoted to learning more about deafness and your child’s development. Recognize your child’s need for individual attention and plan special activities that encourage his or her strengths.

17 Be informed of the range of options and opinions when making decisions about communication. Ask what options are available for the development of communication. Be wary of simplistic statements that may restrict your child’s options. Observe different educational programs for children who are deaf or hard of hearing, and talk to other parents regarding approaches to developing spoken language. Get in touch with deaf adults who communicate in a variety of ways (spoken language, sign language, or some combination). Remember that information on the Internet is not individualized to your child or family.

18 Look for creative ways to organize your schedule. Scheduling appointments and testing along with other household responsibilities may seem overwhelming. Think creatively; arrange for childcare or play date exchanges with neighbors and friends, invite family or neighbors to help with siblings while you go to appointments, and speak to your employer about flexible scheduling.

19 Make room for resources. There will be many new people in your life, including audiologists, early intervention specialists, teachers of the deaf, speech-language pathologists, and auditory verbal therapists. Other resources may include social workers, geneticists and other medical specialists, cochlear implant center staff, and even occupational therapists and/or physical therapists.
Prioritize your time and resources. You may have more opportunities for resources than time and energy to use them. Decide who will be the most helpful in addressing your child’s needs and the needs of your family at the current time. This may vary at different times (such as illness or diagnosis).

Include as many family members as possible. Don’t try to manage things alone. Share responsibility and knowledge with family and friends.

Advocate for your child. Follow your gut instincts if something does not seem right. Get help by asking for meetings, evaluations, examinations, assessments, and services.

Don’t expect everyone to understand your child’s hearing loss. Many adults have never known a child who is deaf. Some may think that your child can hear nothing; others may find it hard to believe that your child has a serious hearing problem because he or she is so responsive to sound.

Find a special time for children in the family who are not deaf. Many parents express concerns about hearing siblings. Some siblings may take adult-like responsibility and feel a duty to “teach” their deaf or hard of hearing brother or sister. Create special times for your children together as well as individually. Encourage siblings to communicate naturally and not to take on too much responsibility.

Ask your early intervention team to review diagnostic information. The initial diagnosis of your child’s hearing loss can be shocking. The responsibilities can be overwhelming. Ask for help in reviewing your child’s history and reports. Ask for (and expect) suggestions on next steps.

Avoid pressure to be the teacher or professional. Children with hearing loss have many teachers, therapists, and clinicians. They have only two parents. It’s an important job. Enjoy it.

Take time for other family and adult relationships. Your child will need special attention from you every day. Remember to protect family time. Build in a weekly break with grown-ups that is fun and restorative.

Although hearing loss is not typically a threat to overall health, it may be important to you to know the specific cause of your child’s deafness. The primary causes of deafness are genetic predisposition, illness, and trauma.
28 Become familiar with typical behaviors for all areas of development. A range of behaviors is expected of children at any given age for all areas of development (motor, social, emotional, cognitive, language). Understanding the range and anticipating these behaviors will help you develop appropriate expectations for your child. Your pediatrician, early interventionist, and teacher of the deaf can be a great resource in these areas.

29 Learn about legislation designed to help deaf children and their parents. Federal law mandates intervention services for children with special needs from birth to three years of age. Part “C” of the IDEA Act, originally Part “H” of P.L. 99-456, legislates early intervention services for all children who are at risk for developmental delays. In many states, early intervention agencies are charged with the task of providing services to infants with hearing loss and their families. Such programs may be staffed with a nurse, early childhood educators, a special educator, a speech-language pathologist, a physical therapist, and an occupational therapist. Agencies may or may not have staff who are experienced in working with children who have hearing loss. In addition, some teachers of the deaf are trained specifically in sign language and may not be experienced in addressing listening and spoken language. Many early intervention agencies will contract with providers who specialize in deafness. You may request to have a teacher of the deaf experienced in maximizing listening and spoken language on your educational team.

30 The “naturalistic setting” of choice for an infant or young child is the family. Current federal guidelines mandate that early intervention services should be provided in “naturalistic settings.” The naturalistic setting for infants and young children is in the family. The goals and expectations of the family contribute greatly to the child’s
social and emotional development. It is important that parents and extended family learn how to adapt their communication style to give the child access to the family culture.

31 Work with an early childhood educator or early intervention specialist who is familiar with deafness. A holistic approach to intervention considers all the ways that hearing loss affects development. This approach helps parents identify which behaviors are age-appropriate (typical), which are a direct result of the hearing loss (delays in speech and language), which are a result of other issues secondary to hearing loss (social or behavioral), and which may have other causes (central processing or perceptual disorders). Ask your team about the behaviors you observe in your child and ways you can encourage or respond to those behaviors.
Auditory Perception and Development

Hearing children respond to sound in the womb. The process of understanding what sound means, however, begins after a baby is born. It is a process that involves not just hearing and vision, but all of the senses. For children with typical hearing, this process takes place naturally without any special instruction. When a child is deaf or hard of hearing, the process of auditory development begins when he or she is provided with access to sound, typically through a sensory aid (such as a hearing aid or cochlear implant).

Get comfortable with your child’s hearing aid (or other sensory device). If you are uneasy around your child’s hearing aids, your child may sense your discomfort and resist wearing them. Get familiar with the device: handle it, explore it from different visual angles, listen to it daily, and notice the parts that move and can open or pull apart. Ask for an explanation of how it works. As your child adjusts to wearing the aids, he or she will notice your comfort and familiarity.

Check the working condition of the sensory device(s) each day. Ask your audiologist for a listening kit and instructions on care. The kit should include: a battery tester, a stethoscope, a dry-aid kit, a blower, and an ear mold cleaner. Listen to the hearing aids daily for quality and consistency of sound, and check all pieces of the device for integrity and cleanliness. A cochlear implant center will provide maintenance and a troubleshooting kit for the processor.

Ensure consistent auditory input. The brain relies on consistent, steady, and reliable sensory input from the sensory receptors (eyes, ears, nose, mouth, and skin) to develop an understanding of sound.

Establish full-time use of hearing aids. Full-time use means that a hearing aid or CI is worn whenever your child is awake. Infants and young children may pull hearing aids out of their ears repeatedly in the beginning. If your child has difficulty with this, you can start slowly and increase the time the aids are worn each day. Have clear and consistent expectations. For young children, use a doll to explain how your child should wear the hearing aids. Smile and praise your child when he or she wears them. If your child pulls out the hearing aids, acknowledge the event and calmly put the hearing aids back into his or her ears.

Monitor your child’s use of sensory devices. Hearing aids should be set high enough for your child to hear, but not so high that the sounds
could damage residual hearing. Performance with the hearing aids should be measured through hearing tests. Ask your team about cochlear implantation if hearing aids do not provide enough benefit.

**37 Maintain health and function of the middle ear.** The purpose of the middle ear is to conduct sound from the outer ear to the cochlea. Conditions involving the middle ear, such as a retracted eardrum (negative tympanic pressure), middle ear fluid, or ear infections, are easily detected and usually treatable. These conditions can prevent the child from receiving the full benefit of a hearing aid. Your child’s middle ear function should be checked at least every three months or more often if colds or allergies seem to affect the ability to hear.

**38 Be aware of sounds and draw attention to them.** Hearing people quickly “tune out” environmental sounds, such as a loud air conditioner, to pay attention to more important sounds, such as a person speaking. When helping a young child learn to use amplification, adults need to be aware of even mundane sounds in the environment and call attention to them. Be aware that background sounds such as dishwashers, fans, radios, and televisions will compete for your child’s attention. Control the choice of sounds and background noise in your home to make it easier for your child to listen.

**39 Develop a rich model of the world of sound.** Expect your child to be aware of and respond to sound. Look for changes in your child’s behavior in response to sound (such as looking for the sound, turning toward the sound, pointing to the ear, or babbling). Acknowledge his or her response to reinforce the meaningfulness of the sound.

**40 Reinforce babbling.** Smile, imitate or talk to your child in response to his or her babbling. This helps children develop an awareness of their ability to produce sound.
Social-Emotional Development

Language is learned in a social context. Children learn their native language by interacting with fluent users. Later in development, language facilitates social interaction. When language is truly reciprocal, it becomes a means of learning about others and one’s self. Therefore, language is important for the development of a sense of self and cultural identity.

These tips will help you address the social and emotional needs of your child.

41 Ensure face-to-face communication. Non-verbal behaviors such as eye contact, facial expressions, and gestures communicate important information. Being face-to-face with your child shows interest and attention. Capitalize on your child’s ability to use this information. Position your child in front of you or kneel down so that he or she can look at your face as you speak.

42 Play games that require turn taking. Turn taking is natural and necessary for dialogue or conversation. Verbal and non-verbal games that involve turn taking, such as peek-a-boo or building blocks, can be fun, relaxing, and very engaging and can give children an opportunity to communicate.

43 Let toddlers be toddlers. The “terrible twos” are not terrible from the two-year-old’s perspective! With increased mobility, the world of a two-year-old expands greatly. Toddlers are motivated by their new abilities. “No!” is a powerful word and sentence for any toddler. Keeping your child physically safe during this time of exploration and experimentation is important. Respecting children’s attempts at autonomy and independence is important for their social and emotional growth. Make sure that your child has opportunities to assert himself or herself with authority and honor those attempts when appropriate.

44 Acknowledge your child’s message and emotional intent. Label feelings (such as “You’re sad!”) so your child’s frustration can focus on an event instead of a breakdown in communication (for example, “You threw the sandwich on the floor. I know you do not want the sandwich but you may not throw food!”).

45 Encourage your child to learn words that express his or her needs. Some early words are meaningful and powerful because they give children an opportunity to control their environment through language. First words such as “yes,” “no,” “open,” “up,” “mine”, “more,” “push,” “pull,” and “bye-bye” give young children an opportunity to experience the power of language.

46 Use language to help children learn how to delay gratification. At two years of age, hearing children are beginning to be able to regulate their needs through the use of language. Language such as “Wait a minute!” or “I’ll be right back!” is often accompanied by a natural gesture and is part of a two-
year-old’s vocabulary. This language may need more formal demonstration with a child who is deaf or hard of hearing.

47 Daily routines and activities can provide a structure for a child with limited language and help him or her to feel included in events. Children with limited access to sound and language may perceive the world as chaotic and unpredictable. Language can make a young child’s world, over which they have very little control, seem more predictable. Daily routines and activities will give your child a sense of confidence and familiarity.

48 Allow and help your child to develop an identity as a child who has a hearing loss. Most children who are deaf (over 90%) are born to hearing parents. Hearing parents greatly benefit from connecting with deaf adults and children. It is also helpful for even very young children to see and interact with peers who also wear sensory aids and communicate in a similar style. Establishing a healthy social identity helps children to know that they are part of a group with whom they share common characteristics.

49 Your pace or mine? Children experience life at a different pace from adults. Young children need time to stop to smell the flowers and feel the water. Children who are deaf need even more time for exploration because of the reduced sensory input imposed by hearing loss. Rushing them through a transition, routine, or activity is likely to cause frustration and anxiety. Here are some examples of how to set a pace that is comfortable and geared to language learning.

• Point to your ear and tell your infant that you heard the telephone; take him or her with you to answer it.
• Go for “sound walks” and help your child listen and see what is making sound in the house or outside.
• Talk to your child about what he or she is exploring—the way that soap bubbles up while they wash their hands, the mark a stick makes in the dirt, or the wheel that spins around and around.
• Show and tell your child that your coffee cup is empty and you’re going to fill it.
Establish routines for daily activities. Day-to-day activities and transitions can seem unpredictable to a child who is deaf. Having set routines around daily events can make the environment more predictable. Daily routines include waking up and putting on the hearing aids, going to the changing table or bathroom, nursing or breakfast, bathing, dressing, and planning the day. Each of these events involves a repeated set of activities and language.

Prepare children for transitions that they cannot predict by “overhearing.” Sounds allow hearing children to prepare for upcoming changes in the environment. For example, a hearing toddler may overhear her mother talking on the telephone. After the mother says “good bye,” the toddler hears a rattle of keys and the opening and closing of closet doors. Mom appears in the toddler’s room wearing her coat, with the toddler’s coat in hand. This toddler is not surprised to be told that she and her mother are going out. A child with hearing loss does not have access to these “clues” and may feel surprised or unprepared. You can help prepare your toddler by including him or her in the preparation for an event (such as looking for the keys and coats together before going out).

Use symbolic materials to help your child understand language. Language allows us to talk about the past, prepare for the future, and refer to things we cannot see. This is a challenge for young children with hearing loss. Use toys, pictures, photographs, and books to help relate language to ideas.

Provide your child with a variety of symbolic play materials. Symbolic materials are objects or toys that can be used to represent people, objects, or events. Playing with symbolic materials allows young children to express ideas and understanding of the world even when language is limited. Here are some examples of toys that can enrich your child’s play.

• Doll house with extended family of dolls
• Dolls with hearing aids and cochlear implants
• Vehicles (such as fire engines, trucks, or a school bus)
Animals (pets, farm, wild, zoo, birds, bugs, or fish)
Building materials (blocks, LEGOs, or Lincoln Logs)

Picture books are an example of symbolic materials that can be used to help children understand and develop spoken language. Create your child's own books with digital photos or cut-outs from magazines. A small, inexpensive photo album works well in little hands and is very motivating when it contains your child's pictures. Examples of books include:

"Who Book" pictures of familiar people in the child's world
"What Book" pictures of familiar things (toys, food, or clothing)
"Where Book" pictures of familiar places in the child's world (home, grandma's, school, or the library)

"Sound Book" pictures of objects or events associated with familiar sound patterns in the child's environment (a telephone or a musical toy)
"Event Book" designed to prepare for and/or review a routine event that might happen repeatedly in a child's life but is not part of his or her everyday experience (going to the doctor, a trip to the library, or holidays)

Talk about "Same" and "Different": Even very young children can understand the concepts of similarity and difference: Are these colors the same or different? Do these letters look the same or different? Do they sound the same or different? Are these quantities the same or different? Making children aware of similarities and differences can help them "organize" the world, and prepare them for school settings.

Allow time for your child to respond. Children need more time than adults to take in sensory information (listen, see, touch) and respond. Be patient and give your child time for this process.

Observe your child's behavior over time. You will learn about your child's needs as they emerge and change. If possible, videotape your child periodically to document these changes.

Notice how your child learns about the world. Children have different ways of learning about the world. Some children need more time to observe. Others may need to explore actively by touching and moving objects. Notice how your child approaches new experiences. Understanding your child's learning style can help you increase opportunities for learning.
Read to your child. National statistics indicate that the reading level of children who are deaf is well below the national average, but this does not have to be so. Reading with your child from a very early age can facilitate language development, and later, literacy. When you and your child look at a book together, your child will be close to you, usually in your lap. This is a great listening position. You can look at pictures together and ask your child questions about the pictures. Just talking about the pictures is an important part of reading. Reading picture books and stories to children, even in infancy, helps to develop symbolic meaning, vocabulary, and widens and confirms their experiences. Make reading together part of your everyday routine!

Early Communication and Spoken Language

As a parent using a listening and spoken language approach with your child, one of your goals will be for your child to learn to talk. Children who are deaf learn to communicate using spoken language when careful and consistent adaptations and accommodations are made in all environments. Your early intervention team and teacher of the deaf can help you work these accommodations into daily life.

Your child’s initial evaluation with the early intervention team will result in an Individualized Family Service Plan (IFSP) that will be updated periodically. The goals that you have for your child will be written and described in general terms. Here are a few examples (items number 61–94) of the early skills needed for development of spoken language, followed by ways you can help facilitate these behaviors.

You will know your child is developing auditory skills (items 61–72) when he or she:

Responds with increasing consistency to voice and environmental sounds. Responses can include frowning, eyes widening, stopping a movement or activity, turning to the source of the sound, turning to his or her name being called, moving towards the door when he or she hears a knock, or looking at the phone when it rings. Explore sounds in all
environments with your child: identify the source of the sound and talk about how the sound stops and starts.

62 **Asks for his or her hearing aids or sensory device.** This lets you know that your child is accepting his or her hearing aids. Praise your child with clapping, smiling, and firm but pleasant expectations each time the hearing aids are put in. Continue the praise when your child cooperates by turning his or her head for insertion of the aids, or points to his or her ear for the aid.

63 **Searches for the source of a sound.** When a sound occurs, such as a doorbell or a television turning on, encourage your child to look for the source of the sound.

64 **Listens to sounds in the house.** Your child should respond to the onset of sounds such as: the telephone, the doorbell, running water, the dishwasher, the garbage disposal, or a timer. Identify these sounds as they occur.

65 **Listens to sounds outside.** Your child should notice the presence and absence of outside sounds like airplanes, engines, sirens, animal sounds, the wind, thunder, or cars. Identify and explain these sounds.

66 **Listens to music and songs.** Children should be able to differentiate music from other sounds in the environment early in development. You can call attention to these differences by your responses to music. If you move in a particular way in response to the rhythm (sway, tap your foot, or wave your hand) your child is more likely to attend to the sound patterns of the music or song and associate the movements with the music.

67 **Discovers the ability to make sounds.** A spoon on a cup, the lid on a pot, sound toys such as push button boxes, and your child’s voice are all excellent tools for making sound.

68 **Looks at the face of the speaker and maintains eye contact.** Your child should be able to maintain eye contact with someone who is talking. You can encourage this by using animated facial and vocal expressions.

69 **Understands the direction from which a sound comes (localizes) in familiar situations.** You can encourage this understanding by extending the duration of the sound (such as letting your telephone ring) and encouraging your child to investigate where the sound is coming from.

70 **Recognizes differences between sounds** (such as the doorbell and the telephone). Point out when a sound is absent as well as where it is coming from.

71 **Imitates familiar phrases without being prompted.** This means that your child should be able to repeat words and phrases independently. You can encourage this skill by speaking near your child’s ear while playing, cleaning, or eating. Be sure to pause to allow your child to imitate you.

72 **Responds to speech sounds varying in pitch or frequency** (ah, oo, ee, s, sh, or m) by producing the same speech sound. You can encourage this skill by making speech sounds for specific toys or movements.
You will know your child is developing control of the speech mechanism (items 73–79) when he or she:

73 **Imitates facial expressions.** Babies will imitate a parent’s smile, open their mouth, stick out their tongue, put their lips together, blow raspberries, and make other facial movements during play. All of these are examples of the motor behaviors that precede speech.

74 **Produces reflexive sounds.** Your baby will coo and babble. Reinforce these sounds by responding to them and imitating them.

75 **Imitates vocal patterns preserving the melody (rhythm and intonation) of a model.** Your baby will begin to imitate your voice. Examples range from early imitation of “ahh,” and “a-goo,” to imitations of speech patterns (hop-hop-hop) or the melodies of songs. Encourage your baby to imitate these sounds.

76 **Begins to develop breath control** by blowing bubbles, blowing a light object (like a cotton ball) across the table, or vocalizing on a single open vowel using one breath for two to three seconds or more. Play blowing games or reinforce vocalizations by smiling, clapping, or imitating the baby.

77 **Vocalizes on exhalation contrasting long and short utterances.** Show your baby how you take a breath before speaking and gesture to show how you breathe out while vocalizing.

78 **Babbles at a rate of four or five syllables per second.** Pair motor movements with the number of syllables.

79 **Contrasts long versus short vowels.** You can model this for your child by saying the word, “uh-oh,” and emphasizing the short “uh” sound and the long “oh” sound.

You will know your child is understanding spoken language (items 80–87) when he or she:

80 **Responds to the presence of others.** Infants may look around a room for familiar faces, imitate smiles, turn toward voices, and smile in response to gestures.

81 **Responds to his or her name.** To encourage this, call your child’s name frequently, and smile when he or she turns in response.

82 **Attends to finger plays** (repetitive songs supported by gestures) and begins to imitate some hand movements. Sing songs along with familiar routines or finger play activities such as Twinkle, Twinkle Little Star, Eensy Weensy Spider, Que Linda Manita, or The Wheels on the Bus.

83 **Recognizes and responds to social routines with appropriate movements.** This can mean waving bye-bye, moving towards the door, or reaching for a coat. Identify these as they happen and repeat them daily.

84 **Responds to “Where” questions (Where’s your hat? Where is Daddy?) by searching for and
pointing to an object, person, or picture. Begin by asking the whereabouts of familiar family members and follow with favorite toys, objects, or things to eat that are not within view. Read picture books together and talk about and point to what you see, modeling so that your child eventually points to the picture as you talk about it.

Follows simple one-step directions (Go get your diaper. Take off your shoe. Throw this in the trash). Narrate routine activities and expect your child to listen and look at your face as you speak. Repeat these routines frequently and demonstrate the meaning of the direction you are giving.

Identifies three or four body parts by pointing to them. Point to your eyes and your child’s eyes. It can be helpful to look in a mirror as you talk.

Identifies common objects from a set of four things by pointing or reaching for the object. You can use common household objects, like a ball or apple, to practice identifying objects.

You will know your child is developing expressive language (items 88–94) when he or she:

Communicates behaviorally. An infant or toddler will let you know his or her needs and interests with intentional behaviors, such as looking you in the eye, imitating facial expressions, reaching, pointing, and nodding or shaking his or her head. These are all examples of behaviors that provide a foundation for language.

Vocalizes for attention consistently. Your child will learn that vocalizing and babbling are meaningful if you respond immediately. Play turn-taking games that require voicing, such as Peek-a-boo or Uh-oh!

Varies duration (length), intensity (loudness) and prosody (intonation) of his or her voice to convey emotion. Imitate your child’s vocalizations to show that you understand what your child is feeling.

Imitates single words accompanied by a natural gesture. Model gestures for “bye-bye” and “all gone” with your child.

Uses “doing” words (more, up, help). Throughout daily routines, be sure to talk with your child and use words that your child can learn and use. Make sure your child can hear and see you during routines. Be sure to pause to give your child time to initiate or respond vocally.

Uses single words (mama, hi, up) and word-chunks (all gone, bye-bye, thank you) associated with social routines. Routines provide great practice because they happen over and over again. How many times will you change your child’s diaper? Prepare a meal? Talk throughout the routine, and give your child opportunities to imitate.

Is ready to use two-word utterances. Put the child’s single words (“more”) into the context (such as “snack time”) of a phrase (“More juice?”) and sentence (“Do you want more juice?”).
Motor Development

Children experience and explore their environment through movement. Motor behavior, or physical movement, is a driving force behind infant development. During the first two years, children actively build an understanding of the world by moving. Limited motor ability can put cognitive development at great risk. There are many ways you can encourage greater motor activity in your child.

95 Observe your child’s oral motor skills. Oral motor skills are those movements that we need to eat, swallow, and speak. Weak oral motor skills can make speaking difficult. Eating or chewing difficulties, avoidance of certain food textures, excessive drooling, and limited control of the tongue or lips could mean weakness in the oral motor mechanism. Ask your doctor and/or speech pathologist to assess your child’s oral motor function and make recommendations if he or she needs help.

96 Encourage your child to be imitative. Imitate the movements of your child’s body and mouth (and voice) to encourage imitation.

97 Get moving with your child! Moving gets the breathing mechanism ready for vocalizing. Walk, run, and jump with your child!

98 Movement can provide phonetic cues. Call attention to the motor movements of speech. Sliding down a slide lends itself to producing extended, uninterrupted vowels like “Whe-e-e-e-!” Climbing up the slide lends itself to shorter, interrupted sounds like “Up-up-up-up-up!” Be aware of your child’s movements and the speech sounds that accompany them.

MOVEMENTS OF THE SPEECH MECHANISM

Vocal sounds are generated by movements of the tongue, lips, teeth, lungs, and soft palate. The sound of the voice is controlled by the sensory (auditory) feedback from the movements of the speech mechanism.

For some children, assuming a sedentary or quiet position may be good for attentional aspects of communication, but may not be conducive to vocal output. The act of engaging very young children in physical activities can help them to vocalize.

If gross or fine motor delays are suspected, an evaluation by a pediatrician and an occupational and/or physical therapist should be performed.
Support communication with natural gestures. Gestures contribute to the development of early language in hearing children. In most cultures, language is accompanied by natural gestures or facial expressions (pointing, waving “good bye,” shaking the head “no,” nodding the head “yes,” putting the forefinger to the lips to quiet someone with “sh,” thumbs up, or clapping for praise). Include them when you speak.

Provide opportunities for your child to explore the effects of movement. Children learn by doing. Banging on pots and pans creates a loud noise. Splashing in the water makes a noise and the child usually gets all wet. Painting requires movement of a brush on paper that creates a colored visual pattern. All of these experiences provide direct feedback. Talk with your child about these experiences.

Conclusion

Simply enjoy your child without the pressure of a hundred ideas! Parenting is often referred to as life’s most challenging and most rewarding work. When a child has a hearing loss, the demands may multiply, but the joys of parenting hold true. As teachers and parents, we recognize the commitment that is required to ensure access to communication and fully include a child who is deaf into our own culture. There are variations of “deaf cultures.” Some use sign language as the primary mode of communication and others, such as “oral deaf culture,” use spoken language as the primary communication mode. In all cases, the culture is defined by inclusion and accessibility through communication. The choices a family makes are personal and have a profound effect on family life, as well as the child’s development.

Our hope is that this booklet will provide guidance and support to families who are beginning to explore listening and spoken language with their child.

ADVICE FROM PARENTS

“Start early.” “Explore options.” “Prioritize.” “Get your child to wear hearing aids.”

“Talk to other parents.” “Join a parent group.” “Cry, talk, get help.” “Go with your instincts.” “Reserve the right to change your mind.”

“Stay in the moment. Let tomorrow come tomorrow.” “Take one day at a time.” “Persevere; don’t give up, the rewards are worth it.”

“Take a break!” “Don’t forget to enjoy your child.”

“Live life fully!”
At Clarke, we help children — from infancy through their teen years — who are deaf and hard of hearing learn to listen and talk. Children served by Clarke use advanced technologies including cochlear implants and hearing aids to maximize their access to sound. Our teachers of the deaf, audiologists, and speech-language pathologists have the background, training, and experience to prepare children academically and socially for a world of limitless possibilities.

Clarke children listen and learn in the classroom, run and laugh with their friends on the playground, and have lives filled with music, sports, family, and community. Many children who come to Clarke are ready to attend their neighborhood mainstream schools by kindergarten.

Clarke has center-based locations in Boston and Northampton, MA; Bryn Mawr and Philadelphia, PA; New York, NY; and Jacksonville, FL. We also provide services to families, school districts, and professionals throughout the country, so call us at 413.584.3450!

There are many agencies, organizations, and publications that can provide more information about using a listening and spoken language approach with your child with hearing loss. For more information contact:

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