



**PART 4: Strategies for Coaching Families of Infants/Toddlers with Hearing Loss**

**Objectives of Part 4:** Provide Strategies to Use with Parents:

- I. Making the case that the hearing loss is real, amplification is needed
- II. Provide strategies supporting hearing aid wear
- III. Developing cognition, communication, language skills VS. traditional approach of selecting a communication modality choice
- IV. Strategies for Visual Communicators

**HANDOUTS**

- ▶ ELF – Early Listening Function checklist
- ▶ Hearing Loss Discovery – Experiencing Hearing Loss Yourself
- ▶ Consistent Auditory Input – Step 1 for Growing Your Child’s Brain
- ▶ Hearing Aid Wear All Waking Hours – Why it Matters
- ▶ Tricks and Strategies to Keep Hearing Aids on Active Infants & Toddlers
- ▶ Developing Cognition, Communication & Language Skills
- ▶ Examples of Flexible Use of the Communication Access Continuum
- ▶ Hearing Aid Retention Accessories Chart
- ▶ A Good Start: Suggestions for Visual Conversations with Babies and Toddlers who are Deaf or Hard of Hearing
- ▶ Trajectories of Language Growth for Young Children with Hearing Loss
- ▶ Guide for Determining Characteristics of Children who Function as Different Types of Communicators
- ▶ Examples of Functional Outcomes for Early Intervention Services for Children with Hearing Loss



Developing Cognition, Communication, Language Skills handout

**Best Practices for EI Include:**

- ▶ No toy bags – use what is available in the home
- ▶ Coach families – don’t ‘teach’ children
- ▶ Minimize your direct contact with the baby
- ▶ Empower and encourage family confidence by trying ‘experiments’ and brainstorming with them what else could be tried that would work *for them or their child*
- ▶ Demonstrate/role model via a triad (you observe what mom does, you demonstrate, mom’s turn)
- ▶ Praise gains in family use of strategies (*‘You can tell you did that perfectly because Johnnie...’*)

**You already know this. I won’t be talking about these best practices today!**

**I. Discovering What it Means When Your Child to has a Hearing Loss**

**Identification of hearing loss – now:** The pressure is on! The window of opportunity is short! We want to provide amplification and intervention services as soon as possible (at 2-3 months). All this at a time when many parents are still trying to reconcile conflicts between disbelief at the diagnosis, an undesired reality, and the wish to do what is best for their child. Helping the parents understand the need to address the child’s hearing loss promptly is **critical** to the success of amplification and early intervention efforts.

**Helping families understand their child’s hearing loss is a vital first step toward successful outcomes.**

Hearing loss and audiograms do not make much sense, especially soon after a diagnosis. Parents cry and then go home and bang pots. How a child perceives sound in a test setting isn’t as important to parents as how the child will respond to sound in everyday environments. Audiologists and interventionists can recognize the parent’s need to understand the hearing loss in terms of the child’s listening behaviors at home. Parents need to participate in the discovery process to foster their understanding and **BUY IN**

**ELF – Early Listening Function. A discovery tool for parents of infants and toddlers.** HANDOUT: ELF

**Why:** Hearing is a distance sense. A child with a hearing loss will have a reduced hearing range, or a smaller **listening bubble**. Only someone who is with the child everyday can observe how the child is using hearing in daily situations.

Hearing instruments will improve the size of the listening bubble. With use of amplification during all waking hours, response to sound will usually improve over time.





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**Other benefits of the ELF:** Gives the parents something “to do” to feel like they are helping their child. Can be a first activity with EI. Motivating for following through with hearing aids or new earmolds. Tuning into auditory development over time. Involve all caregivers (i.e., grandparents!) Provides parents with a clear way of describing the hearing loss.

**ELF Infant and Young Child Amplification Use Checklist:** Parents provide information to audiologists and to EI. Empowering parents by validating their observations and their contribution to the hearing aid fitting process; motivating consistent hearing aid wear.

**Scoring the ELF:** Involve parents – NOT necessary to fill up every square! It IS the way to get some dads involved. By examining the size of the child’s Listening Bubble the parents will develop a sense of how close they need to be to the child for a strong response to sound. The difference in listening in quiet and noise is a real eye opener! (3 vs 6 ft).

### SUMMARY of using the ELF as part of standard early intervention services

- ▶ Initial discussions with parents about what having a hearing loss means (“listening bubble vs audiogram)
- ▶ A first ‘activity’ for EI
- ▶ Assist in determining need to try an FM; determining benefit of amplification, including FM
- ▶ Empowers parents to share valuable information with audiologists during amplification discussions
- ▶ Assists in developing advocacy skills for transition at school-age

<b>Turn and Talk</b>	How/When can you envision using the ELF with families?
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### Experiencing Your Child’s Challenges Due to Hearing Loss

Parents need to experience it hearing loss to further develop their understanding of how it impacts listening and learning.

Activities to do in your 3 hours:

1. Spend time talking quietly with someone with the television on in the background.
2. Have someone talk to you from another room or from across a large room
3. Use some of the *ELF* listening activities: when you are not looking at the person talking; when you are reading or doing something you really enjoy or that interests you; with and without background noise.
4. Write down your thoughts and reactions. *Think in terms of Listening Bubble size.* How much effort did it take you to listen? How did background noise affect your ability to pay attention and easily understand what was said? What was the difference between having a conversation within a few feet and from across the room?

## II. Hearing Loss and Your Child’s Brain & Hearing Aid Wear

### More, and more, and more...

- ▶ About 90% of what very young children know about the world is learned incidentally, casually and passively. Children with hearing loss **require 3 times the exposure** to learn new words and concepts due to their reduced ability to easily overhear the language used around them. Only through the concerted effort of families, can children with hearing loss catch up and learn language at a rate similar to age peers.

### Brain access tools

#### Expectations for Hearing Aid Wear **HANDOUT** – Setting Reasonable Expectations About Hearing Aid Wear

*“If your baby wears hearing aids only four hours each day, it will take six years to give him as much listening experience as a normally hearing infant accumulates in one year.”*

#### The *math* of hearing aid wear

- ▶ Babies listen for about a year before they say their first word. If a baby with hearing loss is awake for 8 hours day and only wears hearing aids for 2 hours then he will only be able to ‘tune in’ to the hearing world 25% of the time. It may take up to 4 years for his first word.
- ▶ A school-aged child is awake about 100 hours/week. If he only wears hearing aids in school, that is about 30 hours/week. If the child is only wearing hearing aids 30% of the time then we can expect 30% achievement since listening and language development occurs during all waking hours.



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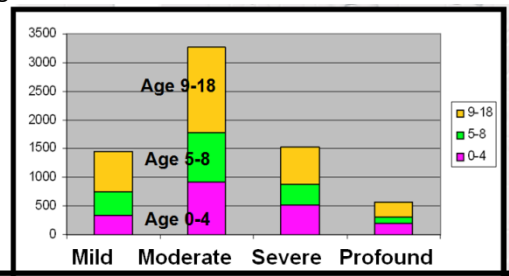
Hearing Aid Data Logging Study Findings: 8 months – almost 5000 children from birth – age 18

Number of hours by age 40% of children use their hearing aids less than 4 hours per day.

**Only about 10% achieve full time wear.**

- ▶ Age 0-3 years averaged 5 hours (2 hours in noise). Age 5-8: 5.5 hours and 9-18: 6 hours (both with average 3 hours in noise).
- ▶ Mild loss = 1450 hours, Moderate = 3250 hours, Severe = 1500 hours, Profound = 600 hours.

[http://www.phonakpro.com/content/dam/phonak/gc\\_hq/b2b/en/events/2010/Proceedings/Pho\\_Chap\\_12\\_Jones\\_Final.pdf](http://www.phonakpro.com/content/dam/phonak/gc_hq/b2b/en/events/2010/Proceedings/Pho_Chap_12_Jones_Final.pdf)



### Turn-and-Talk

- How consistently have the babies you have worked with worn their hearing aids all waking hours?
- Contributing factors?
- Challenges?

### Amplification Wear Issues in Children – Research by Mary Pat Moeller, Boystown

The study considered consistency of hearing aid use in young children with early identified hearing loss. Participants: 7 families – all educated and highly motivated. All were recipients of high quality intervention. All believed their children received benefit from HAs. None of the children spent substantial time in daycare. Some used hearing aid retention devices (clips, hats). Various daily living situations were considered. None of these highly motivated, educated families achieved full time hearing aid wear in all settings by one year of age, much less by 3 weeks. Highly supervised activities, like mealtime and book reading resulted in the earliest and most consistent wear rates. Riding in the car and outings were the least consistent wear times.

#### Three patterns of use were revealed:

- ▶ full-time use was accomplished by 16.5 months and consistently maintained (3 families)
- ▶ Consistency of use fluctuated across the ages due to temperament and independence issues (2 families)
- ▶ Frequent but not full-time use occurred across most ages and situations; related to family routines (2 families)

#### So if the possibility of early identification via consistent hearing aid use, what were the problems?

- ▶ Family schedules and routines influenced device wear. Some families got the aids on immediately after naps and others didn't accomplish that.
- ▶ Temperament played a big role – some children learned that they could control parental attention by removing their aids, others just went through phases of exploration and independence (not wanting to wear hats, shoes, etc). Equivalent to toddlers running away, just so parents run after them.
- ▶ Activity based issues were a challenge – only two families achieved full-time use in the car and that was because they used an FM system to maintain communication contact with their child.
- ▶ Time in a stroller, any unsupervised time playing alone challenged hearing aid wear
- ▶ Parents are also very concerned about safety – their child swallowing the aid or part of the aid or the expense and inconvenience of repairing or replacing an aid
- ▶ Professionals may guide parents to "just keep putting the hearing aid back in" whenever the infant pulls it out. Not so easy!
- ▶ A responsive parent may realize the child needs to calm down and regulate himself or herself before he or she will accept the hearing aid. This illustrates the bidirectional influences on the hearing aid adjustment process; both parent and infant behaviors play a role.

#### Strategies: **HANDOUT** – Hearing Aid Retention Accessories Chart

2012 Pediatric Hearing Aid Retention Project Survey results of 286 parents by Karen L. Anderson, PhD & Jane Madell, PhD

#### First step to auditory brain access

- Hearing aid wear for ALL waking hours
- Provides consistent auditory input
- 'Hearing the child (and family) can count on'
- 'Bond' with the hearing aids by age 1



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### Why might children reject hearing aids?

- They may not actually be rejecting the devices, they may be going through a typical stage of development
- The hearing aids may be set too soft or too loud
- The earmold(s) may be uncomfortable – look for a red spot or sore in the outer ear
- The earmolds may fit really tightly so there is some discomfort in insertion – use an earmold lubricant or KY
- The child could have put something in her ear so that it is uncomfortable to have the earmold inserted
- Some children want their hearing aids off when they have an ear infection (earache)

### Age-related Issues

- 0-3 months: aid may be unintentionally knocked off
- 4-6 months: baby begins to pick up objects and has the dexterity to put the aid in his mouth if it is knocked off
- 7 months: baby discovers feet and hands and may swipe against their ears. May desire to use as a teething toy!
- About 9 months: baby may have new ability to yank, pull, grab and push. This is the age where he enjoys taking action with the world. As part of this stage it is likely he will yank off the hearing aids
- 12 months: may yank off more intentionally, especially if it is a sure-fire way to get mom's attention *now!* Need to learn that ONLY adults remove hearing aids!
- 20 months: toddlers are learning how to undress – the hearing aids may come off as part of this new skill
- 18 -30 months: depending upon baby's temperament, hearing aid yanking may go on and on. Families need to use hearing aid retention accessories to keep the hearing aids on and the baby safe from possible swallowing or damage to the devices.  
Hearing aid use is non-negotiable. Family's must calmly respond. Don't make the devices the center of toddler manipulation of mom and dad
- 30 months to preschool: young children are interested in how things work. Good time to involve child in daily hearing aid listening check.

### Expectations – what to learn before Preschool

- Leave hearing aids in all waking hours – without yanking them out!
- Only adults take out hearing aids. Must ask an adult if you want the hearing aids taken off.
- Respond in an age-appropriate manner to the Ling Sound listening check
- Report to an adult if hearing in one or both ears has changed (ear infection, battery dead, etc).
- Put on own hearing aids by age 3 (start 24+ mos)
- Do a self-test (bah bah bah sh sh sh) after putting on each hearing aid.

### Families Need Support!

It is NOT easy to achieve full-time hearing aid use!

- Increase parent comfort in handling the hearing aids and checking them daily
- Increase parent comfort/skill in inserting earmold
- Build parent confidence in performing the Ling Sound Listening Check at different ages
- Address different wear issues at different ages
- Help them understand and access hearing aid retention accessories
- Help parents train their toddlers to put on aids

### Strategies:

- Stick to the schedule – no weekends or days 'off'!  
When he gets up and you change his diaper put his hearing aids on – every time. He will soon associate two activities. As he 'graduates' into underwear it will be natural for him to recognize that he needs to wear his hearing aids all day, everyday just like he needs to wear his underwear.  
Keep the hearing aids in the same place ('hearing aid house')  
Teach him that he needs to ask an adult to take off the hearing aids. When he asks to have them off consider if it is too noisy, he may have an ear infection, a battery may be dead, the hearing aids are malfunctioning, etc.
- Tantrums happen. When he calms down distract him with something he likes (i.e., reading a book) and try again. Do not let the hearing aids become a way that he 'misbehaves to get your attention'
- It is natural for him to be curious about his hearing aids. Use hearing aid accessories and strategies to keep the hearing aids on and safe from him removing them, taking them apart, swallowing the batteries.



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## Parent's Strategies for What Works!

- Different strategies are needed as children's dexterity and independence changes. All children go through a phase where they take off their hearing aids.
- Persistence in putting them back in, using accessories to keep them on the child's head and keeping the child distracted and 'happily listening' helps you get through!
- Ear Gear was the most highly rated accessory for effectiveness, safety, durability
- Ear Gear + wig tape
- Sing whenever he pulls off his hearing aid – he won't want to miss hearing his favorite song!
- Clips to hearing aids attached to barrettes in hair; if child tries to pull off – she pulls hair too
- Wig tape to support a large hearing aid or FM on a tiny ear
- Cap over the hearing aids with strings criss-crossed under chin and bow tied behind neck
- When in a carseat, wrap a blanket around her that has a Velcro strip so she can't bend her elbows (a week or less may be all that is needed before she learns to not touch her hearing aids)
- Beware of clips with sharp edges and accessories that still allow the child to pull off the hearing aid and put it in his/her mouth (batteries are poisonous!)

2012 Pediatric Hearing Aid Retention Project Survey results of 286 parents by Karen L. Anderson, PhD & Jane Madell, PhD

**SEAM Expectations:** Full-time wear! Child does a self-test when putting on each hearing aid. Child recognizes that he needs to ask adult before device(s) are removed. Knows that he is expected to report all issues with device(s).

1. Support families with different strategies to achieve full-time hearing aid wear

### Turn-and-Talk

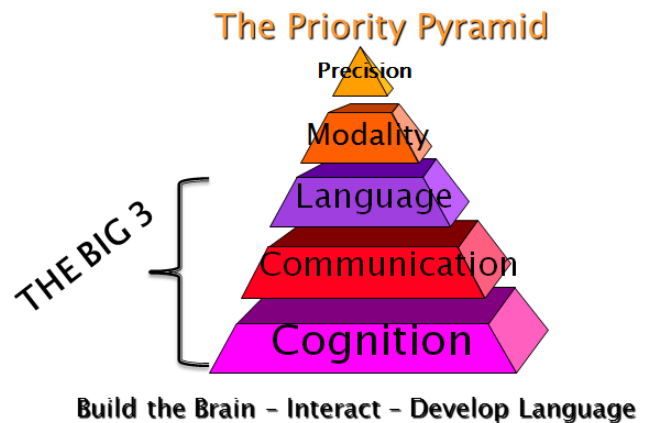
What functional skills related to hearing aid wear should be considered for the IFSP? Who helps families learn these skills now?

## III. Alternative Strategy for Presenting Communication Choices – Cognition First!

- ▶ How might we do it differently? Take early brain development into consideration!

**HANDOUT** – Developing Cognition, Communication & Language Skills

- ▶ The Priority Pyramid
  - Cognition: The processing of sensation & experience in one's world
  - Communication: The *transfer of information* from one person to another
  - Language: Encoding information into *mutually understood symbols*
  - Modality: The *manner* in which language is expressed
  - Precision: The *accuracy* with which something is expressed
- ▶ Cognition, communication and language should be the focus of counseling with newly identified families— NOT communication methodology. *Infants with no delays— YET.* We now can begin intervention with infants with hearing loss BEFORE delays can occur... An opportunity that, if missed, is nearly impossible to make up for.
- ▶ The Language Iceberg: The first word emerges toward the end of the first year... evidence of the mountain of neurological foundations that make that single word possible. **Subsequent Sense of URGENCY**
- ▶ Every day that goes by without appropriate intervention, an infant with a hearing loss falls behind in the foundational skills of cognition, communication and language. **Whatever modality best achieves growth**
- ▶ Early intervention should be like a "dance"—following the baby's lead...keeping "the big three" as the focus. As the baby develops, learning strengths will be identified and strategies/modalities can be modified to optimize language learning.





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**Development of residual hearing**, consistent use of amplification, focus on listening, should be emphasized regardless of the primary modality of communication.

**Spoken language can be the goal**, however other strategies, including sign can jump start the foundation of language in the early months and years.

**Cochlear Implant Era Question:** *Isn't it true that if a deaf child signs, he won't talk????*

- ▶ Sign Language use may have inhibited spoken language development *when access to speech sounds was limited*. Sign Language, when used appropriately, may foster spoken language use when children have full access to speech sounds.

**Outcome: HANDOUT** – Trajectories of Language Growth for Young Children with Hearing Loss

- ▶ If it is the SAME area of the brain for both sign and spoken language, can sign serve as a foundation for the development of spoken language in deaf infants? Children who receive sign as a springboard in the early months/years, can transition to spoken language with minimal delays in language or speech.

From Mary Koch: "Early intervention should be like a dance, where we are following the baby's lead, keeping "the big three" as the focus. I had the good fortune of working with two babies that were nine days apart. They were both aided full-time at six weeks. I used the same strategies with both-- gave them lots of auditory stimulation. I gave them some sign support as I saw they needed that. There was a lot of spoken language modeled. Both of them had flat ABR's, but one little boy did have some residual hearing. He used it. He had consistent use of amplification from the age of 6 weeks and he took off with spoken language, so it was very natural to let the signs drop away. The other little boy who was nine days younger was very profoundly deaf and had no auditory skills. However, we continued to use consistent amplification, modeling spoken language, with more and more emphasis on the sign because clearly that was going to be his avenue now for getting the language foundation that he needed. He received a cochlear implant at ten months. When both boys got to the age of four or five, transitioning into kindergarten, you would not have known which was which. Both children were functioning at age level with 100% intelligible speech, but both in the first year of life had had the full access, maybe not full access. In the first year of life, both had language in a modality that they could access."

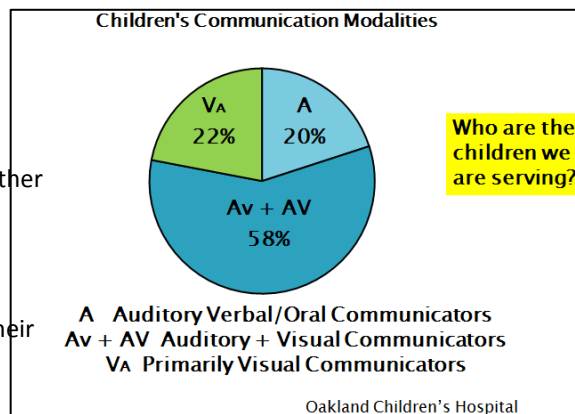
### A sense of URGENCY!

1. To get an *EARLY START*.
2. To provide *accessible language* at an early age.
3. To administer *standardized language tests* EVERY YEAR.
4. To make *AT LEAST 12 months language progress in one year*.
5. To aim for *MORE than 12 months language progress* in 1 year.
6. If something isn't working— *MODIFY IT!*

Language must take priority over communication modality. Children's learning styles need to be considered in determining which modality will work best. Progress must be measured. Strategies must be flexible. *Mary Koch*

### Communication mode - it depends

- ▶ On how routine the communication is (get your coat)
- ▶ Knowledge of the language used (apples, oranges, pears/bears?)
- ▶ On other challenges in the environment (noise, reverberation, fatigue, other distractions)
- ▶ Children often compensate in challenging environments by looking for visual clues.
- ▶ For children with hearing loss this can develop into the ability to order their own environment and to advocate for their own communication needs.



### Brief Summary of Listening & Spoken Language Techniques

Emphasize LISTENING

- Hearing device checks – know they are working!
- Prompt 'Listen'
- Use of hand cue, at least in early stages
- Use acoustic highlighting (auditory sandwich)
- Use PAUSE time
- Encourage imitation to develop the auditory feedback mechanism
- Use conversational turn taking
- 1 on 1 time specifically spent on techniques
- Integrate speech/auditory learning & language goals
- Role reversal (mom's turn, baby's turn)
- High expectations
- Characteristics of Children as Communicators

**HANDOUT** – Characteristics of Children as Communicators



**Turn-and-Talk** How would Mary's approach help you discuss critical brain and cognitive development?

#### IV. Visual Conversations with Deaf & Hard of Hearing Babies and Toddlers

Based on information written by Pat Spencer, PhD, Gallaudet University, January 2001. Evidence-based strategy per research conducted with Deaf infants of Deaf Mothers as compared to Deaf infants of Hearing Mothers and Hearing Children with Hearing Mothers. Outcomes for young children who are Deaf who have Deaf parents. STUDY REFERENCE:

<http://books.google.com/books?id=KYyMgMRldp0C&pg=PA160&lpg=PA160&dq=Patricia+Elizabeth+Spencer+Gallaudet+photo&source=bl&ots=Nq42NW3Mjm&sig=uxrADCd0MZzEAtqMpVxegNjISGc&hl=en&sa=X&ei=GdM4UeG7OcyhyAHZ11CIBw&ved=0CGAQ6AEwBw#v=onepage&q=Patricia%20Elizabeth%20Spencer%20Gallaudet%20photo&f=false>

#### What are Deaf Moms doing with their Deaf infants to produce these better outcomes?

##### Results: Hearing Mothers

- ▶ Talk was frequent
- ▶ Utterances tended to be short
- ▶ Frequency of utterances decreased from 12-18 months as children began to take communicative turns, even if still preverbal
- ▶ Used gestures and objects in their communications
- ▶ Most utterances were responsive to their infants' apparent interest or activity

##### Results: Deaf Mothers

- ▶ Highly responsive to their child's interests; producing relevant signed utterances
- ▶ Fewer (signed) and shorter utterances were produced as compared to hearing mothers
- ▶ Did not 'waste' effort of signing when they did not have their infants' attention
- ▶ Did not wait for spontaneous looks from their children before signing, instead...
- ▶ Employed a variety of communicative strategies to obtain their child's visual attention
- ▶ Increased number of utterances between 12-18 months in response to infant's increased visual attention to language

#### Ideas confirmed by research

1. Deaf and hard of hearing babies (just like hearing babies) learn language best in natural situations with people who care about them and know them well.
2. Both hearing and deaf parents have natural instincts about kinds of behaviors to use with babies (play, communicate, show love, etc)
3. Deaf parents emphasize some communication behaviors that are particularly helpful for babies with hearing loss.
4. When adopted by hearing parents babies with hearing loss seem to pay attention better and learn language earlier.

**HANDOUT:** A Good Start: Suggestions for Visual Conversations with Babies and Toddlers who are Deaf or Hard of Hearing

**Article = 19 pages**

<http://www.gallaudet.edu/Documents/Clerc/visual-conversations.pdf>

**HANDOUT:** Examples of Functional Outcomes for Early Intervention Services for Children with Hearing Loss

#### DISCUSSION

How will the information on strategies help you:

- ▶ Make the case for the effects of hearing loss on learning/developing/listening/interaction?
- ▶ Help children learn the language concepts they need as the communication modality is adjusted to meet their ability to understand?
- ▶ Improve the 'attention getting' of family and professionals who work with students with hearing loss?

**THANKS** for considering new strategies!



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### Part 5: Early Development of Social Communication & Self-Concept

#### Objectives of Part 5:

- ▶ Describe aspects of self-concept that develop in toddlerhood
- ▶ Describe elements of social communication
- ▶ Provide ways to assess these issues
- ▶ Provide guidance for working with families to develop appropriate social communication and self-concept

#### HANDOUTS

- ▶ Ages & Stages: How Infants & Toddlers Develop Self-Concept (0-2) Also: Young Children (3-4, 5-6)
- ▶ Attitude is Caught, Not Taught (parent handout & guidance for EI discussions)
- ▶ PRAGMATICS CHECKLIST – includes interpretation and information on performance of DHH children
- ▶ Encouraging Positive Self-Concepts in Children – information on assessment and encouraging families
- ▶ Summary of Social Interaction (Pragmatic) Development / Theory of Mind (criterion referenced hierarchy)
- ▶ Teaching Your Child to Identify and Express Emotions (parent handout)

#### What is self-concept?

- ▶ How children 'feel about themselves': Do I like myself? Do I trust myself? Do I believe I can accomplish what I started to do? A filtering and coloring mechanism for children's daily experiences

**Self-Concept is Learned:** It gradually emerges in the early months of life and is shaped and reshaped through repeated experiences. Inconsistencies can cause emotional problems. Family sometimes recognizes 'behavior' issues are due to not hearing directions, other times the child is blamed and accused of being 'bad.' Child enters school with good skills and feels that he is a capable learner but then does not receive needed accommodations so performance suffers – result is a change in self-concept from being capable to being incapable.

**Self-Concept is Organized:** Each experience results in a perception of self that is orchestrated with all other experiences. Consistent 'messages' about who a child is in relation to others results in a stable self-concept and consistent personality. Child raised in an environment that celebrates unique and special qualities (I have talent). Child denied independence or expectations to communicate for himself (I can't succeed). Failure in a highly regarded area lowers self-concept in all other areas (central beliefs): People like me because I'm fast; then I lose a race.

**Self-concept is Dynamic:** Continual shaping and reshaping of a person's view of self, others, the world. A 'gyrocompass' providing consistency in personality and direction for behavior. Children raised and encouraged to be independent and capable are more likely to have personalities consistent with characteristics of perseverance and confidence in problem solving. Children raised in homes where using amplification is thought to not be necessary, or even shameful, may actively sabotage amplification in school, even if they recognize educational and social benefits.

**Effects of self-concept:** A child's achievement; A child's relationship with others, especially making friends and getting along with others; Quality of family life, members who support one another rather than criticizing. This helps them feel close to each other, more likely to communicate, leads to higher satisfaction.

#### Developing Self-Concept: Infant Stage

*Infants:* Consistency – to feel safe and loved the baby needs to know that a loving adult will be there when they have unmet needs. Facial expression is important! Respond to smiles and vocalizations.

- ▶ Psychosocial development = **Age 0-1:** Trust vs Mistrust: Inconsistency teaches that the world is undependable, unpredictable, dangerous. Need to 'bond' with hearing aids now. Consistent, effective communication at home

*At 18 months – becomes self-conscious for the first time and very sensitive to reactions to his/her behavior.* Can feel shamed if they receive harsh criticism. Provide many opportunities to initiate and direct his own activities. Set reasonable boundaries. Encourage curiosity, exploration, independence. *Sense of self is fragile and he needs to assert himself and protest limits.* Parents remain calm and help him adapt to daily life. Be consistent in setting limits but also remain flexible – a partnership to help him get what he wants. Respond to his preferences to do things 'his way'. Respect his individuality.

- ▶ Psychosocial development = **Age 2-3:** Seeking autonomy: develop a sense of being able to handle many problems on their own. Support independence (Me do!). Expect them to 'speak for themselves'. Work toward being able to put on devices. Independence with hearing technology; expectations start by age 3! Ability to put on amplification and do a quick 'self-check' to ensure it is working. Growing involvement/responsibility in daily amplification monitoring activities. Recognizing when there is a problem with amplification; knowing what to do



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- ▶ Attitude is Caught, Not Taught – REFER TO HANDOUT

**Turn-and-Talk** What kind of goals do you/ could you include on the IFSP/IEP related to:

- ▶ Child's 'freedom' to remove independently
- ▶ Daily use of hearing aids
- ▶ Monitoring hearing aids
- ▶ Child learning independence with hearing aids or devices

### Developing Self-Concept: Preschool (age 3-4)

*Proud to demonstrate skills and share 'who they are'.* Celebrate what he can do with immediate reinforcement (visual "thumbs up" and verbal "great job!"). Self-worth is developed as a result of interactions with those who are important to him. Early positive messages can set a positive self-concept for life. Theory of Mind starts to develop – You may know something different than I know. By age 2 children can understand that people will feel happy if they get what they want and will feel sad if they do not. They may see that what they want is different from another's wants. 2-year-olds talk about what they and others want and like and feel; 3-year-olds also talk about what people think and know.

### Assessing a Child's Self-Concept (HANDOUT) *Encouraging Positive Self-Concepts in Children*

By being alert and observing children's attitudes and behaviors, you can obtain a good idea of how much they like themselves. You can make a good guess about whether a child tends to have a more negative or positive self-concept

Feelings about self: resulting behavior. More measurable: Parent messages to their child. Parent keeps a log...Do periodically (i.e., monthly; each IFSP update). If statements are negative or equal, work on it!

### 4 Ways to Encourage Positive Self-Concept

1. Help children set reasonable goals and evaluate realistically;
2. Encourage children to praise themselves – **Self-praise is at the center of self-concept!**
3. Adults, praise yourselves!
4. Teach children to praise others

### Turn-and-Talk

You are meeting with a new family of an 18 month old. Although the parent says the child has some words, the child just clings to mom and doesn't seem interested in you.

- ▶ What are some things you can ask mom to try to determine if the child is just shy, or if she has a negative self-concept?
- ▶ What are some behaviors mom might have toward the child that could raise concerns about a negative impact on self-concept?
- ▶ How could you fit in 'Logging'?

**SUMMARY:** self-concept can be increased by: Appreciating the child; Encouraging the child to make choices; Fostering independence; Giving genuine importance to his/her opinion and listening; Taking the time to explain reasons; Encourage self-praise/Model self-praise; Encouraging the child to try new and challenging activities; Telling your child that you love them; Spending time with your child, showing how much you enjoy being with him/her

### Pragmatics & Children with HL "Social Communication"

Pragmatics = changing language according to the needs of a listener or situation; following rules for conversation or storytelling. Pragmatic difficulties increase risk for social and emotional deficits (Ketelaars, et. al 2009) and for victimization (Contii-Ramsden & Botting, 2004). Children who are deaf or hard of hearing use more directive and less informative communicative functions than their normally hearing age-matched peers (Day, 1986; Nicholas, 2000; Nicholas & Geers, 1997).

### New information on Pragmatics

[http://ehdimeeting.org/2012/Users/Uploads/pdfs/sps\\_17ChristineYoshinaga-Itano.pdf](http://ehdimeeting.org/2012/Users/Uploads/pdfs/sps_17ChristineYoshinaga-Itano.pdf)

### Items not Mastered by age 7 by Children who are DHH

- ▶ Provides information on request
- ▶ Repairs incomplete sentences
- ▶ Ends conversations
- ▶ Interjects
- ▶ Apologies
- ▶ Request clarification
- ▶ Makes promises
- ▶ Ask questions to problem solve
- ▶ Asks questions to make predictions
- ▶ Retells a story
- ▶ Tells 4-6 picture story in right order
- ▶ Creates original story
- ▶ Explains relationships between objects-action-situations
- ▶ Compares and contrasts



## Supporting Success for Children with Hearing Loss

Presented by Karen L. Anderson, PhD August 5, 2013 Great Start Conference Afternoon

Administered The Pragmatic Checklist (Goberis, 1999) to 109 children with normal hearing; 126 children with hearing loss of all degrees. All children cognitively normal, English-speaking. 45 items completed by parents – skills are: Not present; Preverbal; 1-3 words; Complex language. Total of 45 Pragmatics Questions (**HANDOUT – Pragmatics Checklist**). Research found children who are deaf or hard of hearing are significantly older when demonstrating skill with complex language than their normal hearing peers. In general, even at the age of 7 years, there are items that are not mastered by 75% of the deaf/hard of hearing children. (Refer to 3<sup>rd</sup> page in handout).

### Which type of ‘social’?

Social cognition – being able to read feedback from people’s faces to help you know if you should regulate your behavior

Social skills – doing things that are socially acceptable, being a friend to others, etc.

### Social Cognition includes Social Cues

Those things we understand from others without needing to be directly told about them. Learned early and vary from culture to culture. Example: children typically learn to ‘read’ their parents moods to know when it is a good time to ask.

*“It is so much harder for my daughter with hearing loss to fit in than it is for my other kids. She has to be reminded all the time that certain words and behaviors hurts people’s feelings. She thinks she is being descriptive when she describes someone as fat, ugly, weird. I truly do not think she does it to be hurtful.”*

### We need to teach children with hearing loss:

- ▶ Vocabulary for varying emotions What the emotion looks like on the face
- ▶ What the emotion and facial expression or posture tell us about how others are feeling
- ▶ Or how others are pleased/displeased with our behavior
- ▶ Many children with hearing loss are not fully aware that what they say can be hurtful or when this has happened.

**Turn-and-Talk (HANDOUT)** *Teaching your child to identify and express emotions* [http://csefel.vanderbilt.edu/familytools/teaching\\_emotions.pdf](http://csefel.vanderbilt.edu/familytools/teaching_emotions.pdf)

Talking about feelings is an important part of social communication. How can you envision this issue as a part of functional IFSP goals? What strategies would you share with parents?

### Theory of Mind

You may know something different than I know (**HANDOUT – Pragmatics + Theory of Mind: age 6 months – 8 years**). By age 2 children can understand that people will feel happy if they get what they want and will feel sad if they do not. They may see that what they want is different from another’s wants. 2-year-olds talk about what they and others want and like and feel. 3-year-olds also talk about what people think and know. Around age 4 children realize that thoughts in the mind may or may not be true; people talk/act based on the way they think the world is, even if not true. **TOM is at the base of children’s social understanding** (good overview at <http://www.child-encyclopedia.com/documents/Astington-EdwardANGxp.pdf> )

### Intervention Strategies to Improve Social Communication/Pragmatics

1. Have the child give directions to others: Where did it go? Where to find something. How to play a simple game. How to make something (draw a snowman) (**HANDOUT – Pg 3 of Pragmatics Checklist = The Missing Link**)
2. Describe a sequence of making something: How do we get dressed in the morning? What do we need to start getting dressed? A hat? Let’s have breakfast. What should I get for you?
3. Learning how to play a game: I roll a ball to you. You roll it to daddy. He rolls it to me. Candy Land, matching games
4. Teach perspective taking: Does it make you feel angry? Sad? If I take it from you how does it feel?
5. Teach about choices and consequences: Use pantomime, pictures or discuss
6. Play 20 questions: Children with typical hearing learn how to play this game without being taught. Children who are DHH often need to be taught.: How do you select a question to be asked? Can he explain why some items are eliminated?

**Turn-and-Talk** Refer to *THE PRAGMATICS CHECKLIST INTERPRETATION*. Also consider *Summary of SI(P)D/TOM*

You are working with a child that is 28 months old and appears to have age appropriate language. Only a few of the yellow items were checked under Using 1-3 words. School-age: 6 year old with only 50% Complex Language items checked. Of the 6 general areas of pragmatics shown (gray bars)...

- ▶ What are areas that YOU would facilitate with families/students?
- ▶ Strategies you could use?



## Supporting Success for Children with Hearing Loss

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### The critical need for parents to narrate

Everyone has a hard time understanding what other people say sometimes – what do you do?

Emphasize that it is important that the child have the same opportunity to receive information as others. It is their right!

Model appropriate ways to request clarification.

- ▶ “McDonalds is really noisy today. I’ll need to stand close when I order so I can hear what the person at the counter says.”
- ▶ “When we are at the playground it’s hard for me to hear you when you are far away. You need to come to me when you want to tell me something.”

Language is learned through exposure. Parents need to provide the words & concepts....

- ▶ **Talk about hearing technology:** name the parts, describe how it works, problem solve choices of what to do when it doesn’t work
- ▶ **Talk about listening challenges and choices:** avoiding a place because it is noisy, needing to stand closer because it is noisy, listening to people speaking with an accent is more difficult for everyone, difficulty hearing in the car unless people speak a little louder, etc.
- ▶ Everyone experiences breakdowns in communication due to background noise, accents, distance, etc.
- ▶ Describe HOW you repair communication. MODEL your thought process and choices.

“I’m sorry I missed part of what you said Dad. It sounded like you said ‘lunch.’

“The TV is on and I missed what you said Grandma. Let me move closer to you.”

“I’m not used to hearing someone talk with your accent. Could you say that again, more slowly please?”

### Foster development of critical listening skills (approaching Preschool age)

- ▶ Children who use their hearing to learn often hear *something* even when they miss other information when someone is talking.
- ▶ Can you make sense out of what you heard? What were we just talking about? Guess. What part did you hear? (*something about lunch*). Use that part to ask someone to repeat (*I’m hungry. Did you just say something about lunch?*) Problem solve – if you know there was something you missed but you didn’t hear any of it, what can you do? (*MODEL! Ask person to repeat*)
- ▶ The child has some responsibility to ‘repair the communication’ when he misses something.

### A high self-esteem and self-confidence are needed to advocate

- ▶ Self-esteem can be called the cornerstone of the ability to advocate for communication needs
- ▶ Self-advocacy techniques take some risk for students– they need to step forward into the limelight for a short time
- ▶ Children/students with hearing loss become very fatigued after listening carefully for long periods. They can miss information that other children do not. They need to have the self-concept to recognize that they are not ‘being bad’ or ‘stupid’.
- ▶ We need to help them to problem solve what to do in these situations to cope. Families need to model this problem solving from a young age.

**Talkability Resource** The Hanen Talk Ability Guidebook for parents of verbal children ages 3-7 with social communication difficulties. Teaches you how conversations work and helps you identify the things your child does well and the things he needs to work on. This makes it a lot easier to know how to help him. You’ll learn, for example, that conversation consists of three parts, referred to in the guidebook as “ICE”: Initiate – Continue- End. Conversation Checklists will help you figure out which of these three parts your child needs the most help with.

### In Summary, to improve social communication and self-concept

- ▶ Provide strategies to families that focus on healthy self-concept development
- ▶ Intervene early to develop understanding and attitudes more likely to support device wear
- ▶ Specifically teach how to recognize and interpret different emotional states in others
- ▶ Actively address pragmatics/social communication development
- ▶ Actively address social skill development

What is the listening challenge?  
 What can you do?

- **Ask to repeat, talk more slowly, etc**
- **Let people know you have a hearing loss, ask them to clarify**
- **Turn off noise, move away from noise, move closer to person talking**



# Supporting Success for Children with Hearing Loss

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## PART 6: Effective Transitions: Preparing for a Smooth Entry into School

### Objectives of Part 6:

- Discuss ways to help families through the transition process
- Empowering parents by asking them to provide input
- Considering appropriate assessment results to include for eligibility/planning considerations
- Integrating addressing expanded core curriculum areas into planning for transition to school

### HANDOUTS

- Supporting Families in Transition – EI to School (Hands & Voices)
- Colorado Communication Plan
- Starting School LIFE
- Mr. Potato Head Task
- SEAM: Student Expectations for Advocacy & Monitoring Listening and Hearing Technology
- ASL Development Observation Record (California School for the Deaf)
- Assessments to Consider Using to Determine Skill Levels – WORKSHEET

### Supporting Families in Transition – *An Emotional Time!* (HANDOUT – Supporting Families in Transition - H&V)

Transitions between EI and PS, and later PS and Kdgn, are emotional for all parents. Add a disability such as hearing loss and emotions are magnified. Issues associated with the disability intertwined with the responsibility of making the right choices for their children’s future. Results in a time of uncertainty that is exacerbated by an education process that can seem unwelcoming.

**Anticipate parents returning to previous stages of loss** and remember these help them to mentally prepare for the next phase in their child’s life: **Denial:** The unconscious avoidance of the anxiety related to the event. They may not hear what is being communicated and may require follow-up after emotional numbness passes. **Bargaining:** The time of fantasy thinking. For example, the person may exhibit the belief that “if I work really hard, I can fix this or at least make it better.”

### Supporting Families in Transition – *Develop a Game Plan!* (HANDOUTS –Colorado Communication Plan)

Families need a clear idea of their child’s areas of strength and areas of need. They need to be able to picture the kind of support needed for the child’s skills to improve (and their important part). They need a game plan of what is expected of them and what is expected from school. Incorporate use of a Communication Plan to determine how the child’s communication needs will be accommodated /supported. COLORADO VERSION: <http://www.cohandsandvoices.org/resources/pdf/CommunicationPlan.pdf>

### Turn-and-Talk

- What are your experiences in using a Communication Plan to facilitate conversations about planning/expectations with families?
- How does the specificity of communication features/modes used agree with the strategy proposed by Mary Koch (Strategies presentation)?

### Empowering Parents: The challenges of today will be the challenges of tomorrow... (HANDOUT- C.H.I.L.D.)

Parents can identify situations in which their child may be having more trouble listening. These situations can be useful to identify as the family/team start thinking about preschool or kindergarten. **Children’s Home Inventory of Listening Difficulties:** There are 15 different listening situations and families rate how well they think their child is able to listen and understand in each setting. Print off the color version of the CHILD test at: <http://successforkidswithhearingloss.com/tests>

**CHILD:** For ages 3 years to approximately 12 years (young child plays with others, not parallel play). Describes 15 listening situations typical of the home environment. Understand-o-meter. Parent completes items. Use as a means to discuss need for home FM, assistive devices, changes in family communication dynamics. Three questions on CHILD relate to social or group listening settings. The child needs to be playing WITH others, not just BY others: Numbers 5, 9, 11. Obtain ratings of a child’s observed ability to hear and understand in different situations. Question responses are grouped into different types of communication situations – these ALSO occur in a school setting.

### Case Example: Willy

- Age 2:11, average HL 70dB bilaterally
- Hearing aids worn since age 9 mos
- Language level 2:9 (Rec.), 2.6 (Exp.)
- Some social and behavior issues



Listening Situation Breakdown			
Type of Situation	Add together the responses to the following question numbers:	Total	Average
Quiet	1 + 2 + 3 + 15 = <u>7</u> + <u>6</u> + <u>5</u> + <u>8</u>	26	6.5
Noise	6 + 9 + 12 + 14 = <u>2</u> + <u>3</u> + <u>2</u> + <u>3</u>	10	2.5
Distance	7 + 11 + 13 = <u>3</u> + <u>1</u> + <u>2</u>	6	1.5
Social	5 + 9 + 11 = <u>5</u> + <u>3</u> + <u>1</u>	9	3.0
Media	4 = <u>2</u>	2	2.0



## Gathering information to support school transitions – Starting School LIFE (HANDOUT)

The purpose of this tool is to estimate the listening difficulty a child may have in school (age 3-12). IDEA statute specifies “supporting the development and use of technology, including assistive technology devices and assistive technology services, to maximize accessibility for children with disabilities.” The Starting School LIFE can assist in planning to comply with the intent of this law. Provides valuable information for Special Education Eligibility determination, service planning or 504 Plan considerations for students entering Preschool - Grade 6. Families complete the CHILD and also items about communication style and independence. Does not encourage a ‘cookie-cutter’ approach to hearing technology needs. Simplifies results of language evaluation. Helps with planning for services and program.

**Turn-and-Talk** How do you think the family’s consideration of these factors will help to prepare them for discussing the child’s need for supports at the Transition meeting?

## School Team Information included on the Starting School LIFE

Rationale: The special factors portion of IDEA requires the IEP Team to consider the communication needs of the child in terms of opportunities for direct communications with peers and professional personnel in the child’s language and communication mode. Access to curriculum and instruction in the classroom at the same level and rate as that of typically hearing peers is essential for academic growth for students with hearing loss. Most students with hearing loss use both their hearing and their vision for learning to some degree, depending upon changing communication conditions, as estimated by the Functional Listening Evaluation. The FLE provides data to determine the child’s listening abilities, needs and accommodations in the classroom.

**We must consider the impact of classroom acoustics on listening:** No habituation to elevated noise; Learned helplessness, reduced motivation; Impact on memory, attention; Less desire to participate; and Achievement. Effects of Noise on Young Children: Study of Child Care Centers <http://www.designshare.com/research/lmaxwell/noisechildren.htm>.

**Most hearing aids and cochlear implants are designed to work best at a conversational distance of 3 – 6 feet.**

**Abilities to Consider: Consistency of Hearing Device Wear** Part of IFSP functional skill development; should be able to report to team.

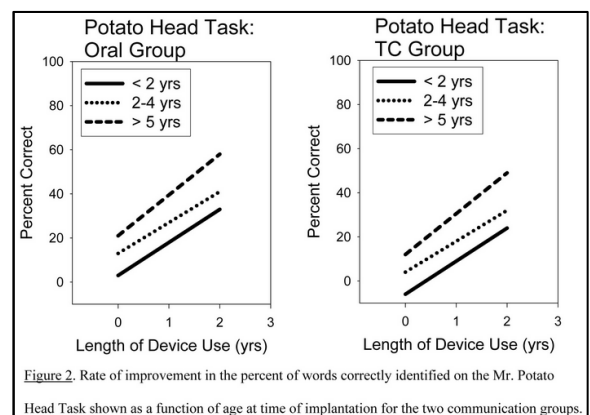
**Abilities to Consider: Speech Perception/Listening**

**Functional Listening Evaluation:** Can be performed with ‘mature’ 3 year olds. Child repeats age-appropriate words or phrases. Lists presented close (3 ft) and far (12 ft) to represent different classroom communication. Quiet/Noise while Watching/Not Watching. Compare estimated ability to perceive speech. Typically hearing children age 3-17 can repeat 90% or better even if very noisy. FLE is at <http://successforkidswithhearingloss.com/tests/tests-by-other-authors> Functional Listening Evaluation results on the **Starting School LIFE** – can write in informal measures of speech perception.

**Informal assessment ideas for ‘almost 3s’ HANDOUT:** Mr. Potato Head Task Mr. Potato Head task – 2 lists (Pg 148). Perform List A in quiet with no visuals and List B in noise with no visuals. Any other ‘real materials’ with direction following. Can also have the child repeat Common Children’s Phrases at <http://successforkidswithhearingloss.com/tests/tests-by-other-authors>

**Wepman’s Auditory Discrimination Test (ADT):** Same/different task for word pairs. Example Yes/No are they the same: bed/bed? Normed on 4-8 year olds.

**Starting School LIFE:** Summary of communication assessment in comparison to age peers. Team impressions of student’s mode of communication in instruction and social settings. Space for Team comments.



**El to Preschool Transition Suggestions:** Have the family complete the CHILD and the first page of the Starting School LIFE. Discuss the elements of the School Team page with the family and how this information is important in the decision-making process. Consider ‘coming to the table’ with the first page of the Starting School LIFE completed with the family and a blank page 2.



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**Abilities to Consider: Auditory Skill Development; Consistency of Hearing Aid Wear** HANDOUT: Developmental Hierarchy by Age.

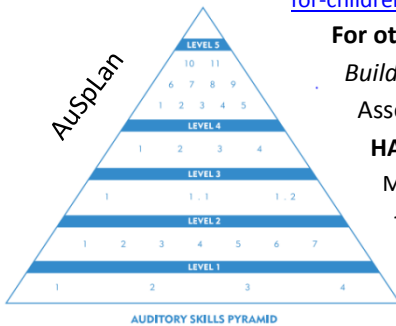
Auditory skills from 0-28 day range to 2-3 year range. Also consider the *LittlEars Auditory Questionnaire* with validated developmental norms for children 1-24 months and the *Ears Questionnaire* for 2 years+ from MedEl:

<http://www.medel.com/data/pdf/20344.pdf>

**HANDOUT:** Auditory Skills Checklist: download from

[http://successforkidswithhearingloss.com/resources-for-professionals/early-intervention-](http://successforkidswithhearingloss.com/resources-for-professionals/early-intervention-for-children-with-hearing-loss)

[for-children-with-hearing-loss](http://successforkidswithhearingloss.com/resources-for-professionals/early-intervention-for-children-with-hearing-loss)



**For other auditory skill assessment options:**

*Building Skills* Pg 149-155 – Detailed Guide to Assessing Auditory Skill Development

**HANDOUT:** Student Expectations for Advocacy & Monitoring Listening and Hearing Technology (*SEAM* – above)

Also consider the **AuSpLan**

### Focus of Eligibility Assessment:

What is the estimate of the child's:

- Access to auditory communication?
  - Challenging peer-to-peer communication
  - Distance listening
  - Listening in background noise
  - Word discrimination in challenging listening situations
- Communication/interaction style?
  - Social interaction style
  - Pragmatics/social communication
  - What does he do when he doesn't hear/understand?
- Readiness for learning?
  - E/R language
  - Pre-academic readiness

[http://www.advancedbionics.com/content/dam/ab/Global/en\\_ce/documents/libraries/AssessmentTools/3-01066-D-2\\_AuSPLan%20Supplement-FNL.pdf](http://www.advancedbionics.com/content/dam/ab/Global/en_ce/documents/libraries/AssessmentTools/3-01066-D-2_AuSPLan%20Supplement-FNL.pdf)

**Abilities to Consider: Receptive & Expressive Language**

**Activities for Listening & Learning (ALL) Areas:** *Building Skills* Pg 139-142

- ▶ **Listening:** Auditory Association, Auditory Discrimination, Auditory Memory, Auditory Closure
- ▶ **Communication:** Responsible Communication Partner, Humor, General Information, Organization/Sequencing
- ▶ **Learning:** Reading, Vocabulary

**Consider Progress of Vocabulary Acquisition Throughout EI - TRAJECTORY OF LEARNING!**

- ▶ Customized MacArthur Vocabulary Checklists, Norms, Scoring Examples (determining 6:6 months progress)

<https://successforkidswithhearingloss.com/resources-for-professionals/early-intervention-for-children-with-hearing-loss>

- ▶ SKI-HI Language Development Scale (criterion referenced): <http://hopepubl.com/>
- ▶ CASLLS: Cottage Acquisition Scales for Listening, Language & Speech – Preverbal & Pre-sentence levels allow tracking growth of specific language skills [http://www.sunshinecottage.org/index.php/educational\\_products/our\\_products/caslls](http://www.sunshinecottage.org/index.php/educational_products/our_products/caslls)
- ▶ Use the CASLLS Pre-Sentence and Simple Sentence versions to obtain information for eligibility determination
- ▶ Also the AuSpLan: Auditory, Speech and Language (web address above)
- ▶ **HANDOUT:** ASL Development Observation Record (California School for the Deaf)

**Abilities to Consider: Social Skills/Pragmatics & Independence/Self-Advocacy**

What do we know about social competence and children with HL?

- ▶ Social competence with typically hearing peers was greater for a single DHH child integrated into a standard preschool classroom and lower for children placed with a group of DHH.
- ▶ Social competence with DHH peers was greater in a classroom with a small group of DHH children integrated into a standard preschool Most, Ingber, and Heled-Ariam, (2012). Social Competence, Sense of Loneliness, and Speech Intelligibility of Young Children with Hearing Loss in Individual Inclusion and Group Inclusion. *Journal of Deaf Studies and Deaf Education*. 17:2, 259-272.
- ▶ Kindergarten teachers say that about 20% of children entering kindergarten do not yet have the necessary social and emotional skills to be "ready" for school.

**HANDOUTS** from session on Social Communication: *Pragmatics Checklist, Summary of Social Interaction & Theory of Mind*

In addition to criterion referenced development measures it is important to have **norm-referenced** evaluations. There is now test of pragmatics normed for 18-47 month olds: Language Use Inventory <http://knowledgeindevelopment.ca>

**Considerations for school:** Only children that demonstrate 'adverse educational affect' will be eligible for specialized instruction (special education) services as deaf or hard of hearing. Children with hearing loss who are not found by school teams to be eligible can still be qualified for accommodations under a 504 Plan. No guarantees that 'normal' language development will stay 'normal'.

**DISCUSSION – Discuss gathering, considering and using assessment information for transition planning (use WORKSHEET)**

What could you do different than you are doing now?