The Ready Guide:

Getting Started

Resources, Education, And Different Opportunities for Your Child with Hearing Loss

Indiana State Department of Health

Early Hearing Detection and Intervention

www.hearing.IN.gov
888-815-0006

Dear Parent(s) and/or Guardian(s):

I am writing to parents and/or guardians who have children with newly diagnosed hearing loss. My hope is that this letter gives you hope and encouragement.

I am the mother of a son with a severe hearing loss. I remember the days after I learned of my son's diagnosis as if they were just yesterday. As parents, we go through many different emotions when we find out that our new baby is deaf or hard of hearing. All of those feelings are okay and will be different for each individual family. Wherever you are in this process, please don't lose the knowledge that your child is a wonderful gift and there is a bright future waiting for your child.

I'm here to say you will get through this! There are many parents, deaf role models, and professionals here in Indiana who will support you and help you through this journey.

Many families say that knowing how to get started was what helped them the most. This quick reference guide will help you with that process.

Here are a few steps I recommend that will help you and your family:

* Get involved, starting today. You know your baby best and you will always be his or her teacher, advocate, and biggest fan. There is a lot for families to learn and do. Read, ask questions and go to meetings/trainings. Learn about family support organizations and stay in close communication with the professionals who work with you and your child.

* Know that there are a variety of opportunities available for your child and family. This is a time where many decisions are going to need to be made. Once again, you know your child best and can make educated decisions that are best for your child now. There will be decisions to make about:
  - ❏ Amplification (hearing aids, cochlear implants, etc...),
  - ❏ Communication opportunities (American Sign Language, Cued Speech, other sign systems, Spoken English, or any combination of these)
  - ❏ Which health care and early intervention providers to choose for your child,
  - ❏ Which education opportunities are best for your child,
  - ❏ And many more....

  Remember the decisions you make today are for today... they are not set in stone and they can always be changed as you see how the choices work for your child.

* Get to know other families who have children who are deaf or hard of hearing. These parents are your most valuable resource. They will give you and your family information and support that only another parent can provide. The Indiana Guide By Your Side Program was started in 2009 to help connect families. We have trained parent guides that cover every county in the state of Indiana. This program is here for you!

Last, but certainly not least, enjoy your beautiful baby. These are precious times that you should cherish. Your hopes and dreams for your new baby don't need to change; the journey will just be a little different. Let us start helping you today.

Sincerely,

Lisa Kovacs
Indiana Hands & Voices Guide By Your Side
Indiana Early Hearing Detection & Intervention Program

Parenting the Child Who is Deaf or Hard of Hearing

Learning that your child has been diagnosed as being deaf or hard of hearing can be difficult news to receive. Many families struggle with several emotions during this time. Some of the emotions parents have reported include denial, grief, sadness, confusion, and anger. These are common feelings for many parents. Do not be afraid of these emotions. Welcome it as part of your family's process. Each family and their experiences are unique.

If you feel confused at this point, you are having a normal parent reaction! Ninety percent of parents who have a child with a hearing loss have normal hearing. There are many steps parents can take to get through the early stages of this journey. Here are a few:

1. Your dreams for your child don't need to change. The journey may be a little different, but your hopes and dreams can remain the same. Children who are deaf or hard of hearing have the same potential as any other child when given the appropriate supports.

2. Love your child just as you had planned. A loving, nurturing bond is important to all children.

3. Join a parent support organization. Parent-to-parent support is a unique type of support that can only come from another parent who has traveled the same journey. Indiana Hands & Voices provides a parent-to-parent program for families of newly diagnosed children called Guide By Your Side. You can contact Guide By Your Side at (888) 815-0006 or www.inhandsandvoices.org. Please see the Resource section for other organizations that can provide support to you.

4. Seek advice from professionals. Prepare questions before you go to follow-up appointments so that you feel as if all your questions are being answered.

5. Involve your entire family. Include grandparents, siblings, aunts, uncles, babysitters, etc. when learning about the resources available to your child and family. Include them in appointments, home visits, etc.

6. Make sure that you receive complete and unbiased information.
   * "Complete" means a full continuum of information - learn about all the available options and trust your family's ability to make good decisions that work for your child.
   * "Unbiased" means the information your family receives from others is not changed to sway your decisions or limit your child's opportunities.

7. Take action! Parents report that once they feel they are in control of the situation, they feel empowered and know they can do this! Learn about all the available resources, meet other parents, talk with adults who are deaf or hard of hearing, go to workshops, talk with professionals, attend play groups, etc. Get involved!

Importance of Parent Involvement:

* Research indicates that active participation of parents is the single most important factor to predict successful outcomes of newly identified deaf or hard of hearing babies in early intervention. (Yoshinaga-Itano, Coulter & Thomson, 2000)
* The benefits of parent involvement include higher reading scores, higher grades on homework, improved attitudes towards school, and improved relationships between parents and teachers. (Donahoo, Saran, 2001)

Here is a great illustration of the different ways parents can find support. Take your time and look into them all!

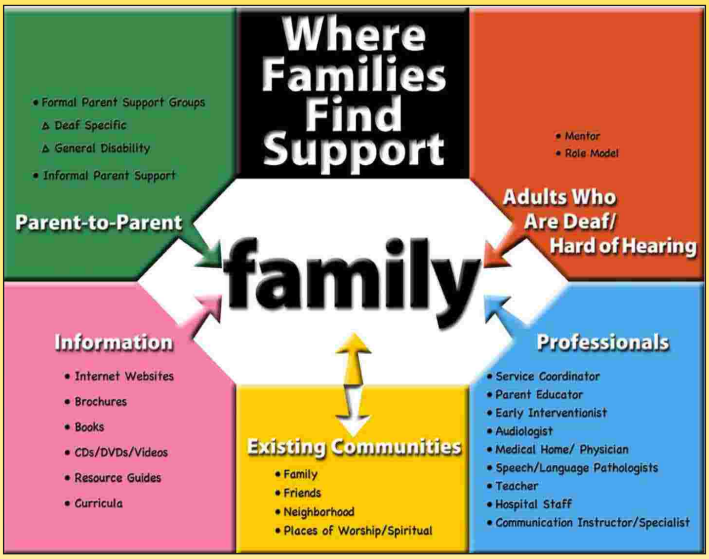


Illustration compliments of Hands & Voices and NCHAM

Your child with a hearing loss can succeed in school, in work, and in life! It is important to keep this as your focus, whatever your child's age or degree of hearing loss. While you will have the support of many professionals, ultimately you as parents will make many decisions about what is in the best interest of your child. As with all children, there is no magic formula for raising a child with a hearing loss. It helps to maintain a positive attitude, educate yourself about hearing loss, seek out the best resources, and take an active role in your child's education. Most of all, keep in mind that your child is a child first, and a child with a hearing loss second.

Understanding Hearing Loss

Before learning about the different types of hearing loss, many parents think it's helpful to understand how we hear sound. A diagram of the ear is included below to show different parts of the ear.

How do we hear?

Sound travels in waves. These waves are collected by the outer ear and sent through the external auditory canal (also called the ear canal) to the eardrum. When sound waves hit the eardrum, the waves create vibrations that cause three ossicles (bones) in the middle ear to move. These bones are called the malleus, the incus, and the stapes (also known as the hammer, anvil, and stirrup). The smallest bone, the stapes, moves the oval window between the middle and inner ear. When the oval window moves, fluid in the inner ear sends vibrations to the cochlea. Within the inner ear, thousands of tiny hairs move as the fluid inside the cochlea moves. The movement of these hairs sends signals through the auditory nerve to the brain. The hearing center of the brain then translates these movements into sounds that we recognize.

How is hearing loss diagnosed?

Several tests are done to determine the type, degree, and possible cause of hearing loss.

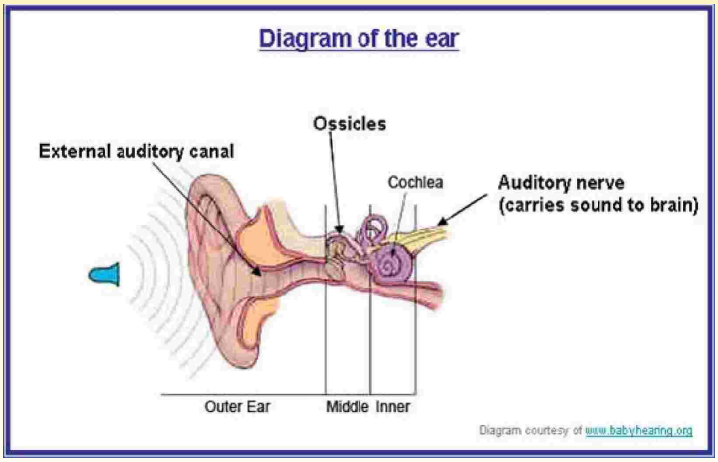
How is hearing loss described?

Hearing loss is described as any one of three general types (conductive, sensorineural or mixed), depending on where it occurs along the outer, middle or inner ear. Hearing loss can be either unilateral (hearing loss in only one ear) or bilateral (hearing loss in both ears).

A conductive hearing loss occurs when there is a problem in the outer or middle ear. As a result, sound cannot travel (or be conducted) through the auditory (hearing) system. The degree of hearing loss due to conductive involvement can range from minimal to moderate.

A sensorineural hearing loss occurs when there is a problem in the cochlea (part of the inner ear) or the auditory nerve. The sensory nerves may be damaged or missing. This type of loss can range from mild to profound.

Included under the classification of sensorineural hearing loss is auditory neuropathy. Auditory neuropathy is a condition in which sound enters the ear normally, but does not travel from the inner ear to the brain properly.



A mixed hearing loss may occur if a child has both conductive hearing loss and sensorineural hearing loss. People with mixed hearing loss may have damage to the outer ear, the middle ear, the inner ear, and/or the nerve that connects the inner ear and the brain. The conductive problem in the middle ear may be medically treatable. A mixed loss in degree can range from mild to profound.

Hearing loss can range in degree from mild to profound. The degree of hearing loss refers to how much hearing loss is present. Most children have some degree of measurable hearing. Only a very small percentage of children with hearing loss experience complete deafness.

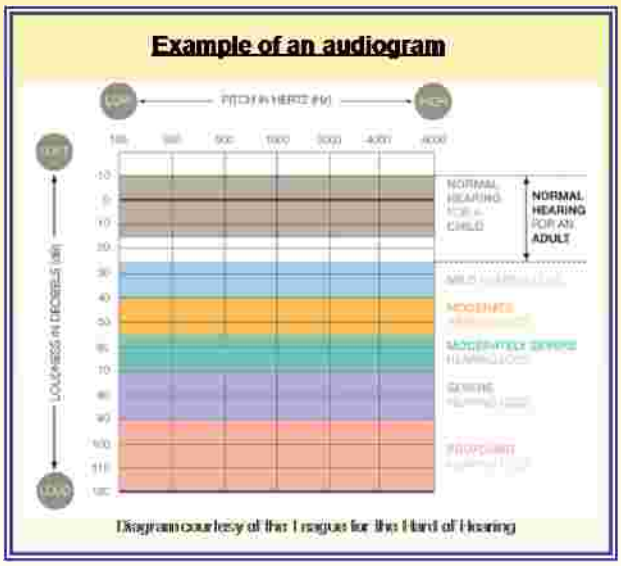
An audiogram (see below) is useful for explaining the type, degree and configuration of hearing loss. Audiologists, doctors, and other health care providers can compare audiograms as a person gets older to look for changes in the way a person hears. An audiogram is a graph of the quietest sounds or thresholds that a person can hear at various frequencies or pitches.

The left and right ear are evaluated separately to figure out whether hearing loss is unilateral (hearing loss in one ear) or bilateral (hearing loss in both ears).

In the audiogram below, the hearing threshold is measured in decibels (dB) and can range in intensity (loudness) from -10 to 120 dB. The frequency (also called "pitch") is measured in Hertz (Hz) and can range from 125 to 8,000 Hz. Results at the bottom of the audiogram indicate a greater degree of hearing loss.

There are six categories used to describe the degree of hearing loss. The numbers listed below represent the lowest frequency (or softest sound) that a person can hear:

0-20 dB	Normal hearing to slight hearing loss
21-40 dB	Mild hearing loss
41-55 dB	Moderate hearing loss
56-70 dB	Moderately - severe hearing loss
71-90 dB	Severe hearing loss
>90 dB	Profound hearing loss



Communicating With Your Child

Deciding how to communicate with your child is a personal decision that only you and your family can make. Most parents want their child to develop age-appropriate communication and vocabulary skills.

How will you figure out the road you need to take to help your child achieve the outcomes you want for him or her? You need to gather all the information and then make a decision that you feel is best for now. This decision can always change as your child grows and shows you what works best for him or her. The Indiana Hands & Voices motto is: "What works for the child is what makes the choice right". Everyone working with your child should be able to embrace this motto.

Thinking about the outcomes you want for your child will help you decide how you want to teach your child to communicate. Communication options include hearing and speech, sign language, cues, or a combination of modes and methods.

American Sign Language (ASL)

American Sign Language (ASL) is a visual language. It is a unique, signed language that is different from English. Children who use ASL as their first language will later be taught English as they learn to read and write. This is sometimes called a bilingual (meaning "two languages") approach.

Cued Speech

Cued speech helps children hear and "see" speech. Teachers and parents make special hand shapes, or "cues," near their faces while they are speaking. This helps children tell the difference between words that can sound or look alike.

Listening and Spoken Language

This approach teaches children to rely on their residual hearing as they learn to speak. Methods used may be called "auditory oral" or "auditory verbal."

Total Communication

Total communication combines sign language with spoken language. Children are encouraged to use their eyes, ears, voices, and hands.

For more detailed information on communication opportunities, please visit the Web sites below:

- ❒ Hands & Voices' Communication A to Z Series (www.handsandvoices.org)
- ❒ Indiana Early Hearing Detection & Intervention Program's Family Resource Guide (www.hearing.in.gov)

Factors to consider when choosing a communication method or combination of communication methods for your child:

- ❒ Is the chosen communication method in the best interest of your child and family?
- ❒ Does it allow your child to have influence over his/her environment and discuss his/her feelings and concerns?
- ❒ Does the communication approach enable your entire family to communicate with your child? If not, where can you get help to teach family members how to communicate with your child?
- ❒ Does the communication approach enhance your child's relationship with other family members? Does it promote enjoyable, meaningful communication with all family members and help your child to feel like he/she is a part of your family and knows what is going on?
- ❒ How is your child going to be able to communicate with peers and the community?
- ❒ Do you and your family understand the commitment this choice will require?
- ❒ Will your child arrive at school with language skills that will help him/her think and learn to read?

Communicating with Other People about Your Child

Raising a child who is deaf or hard of hearing can feel as if you are embarking on a journey through uncharted waters. Many parents have said that they struggle with explaining their child's hearing to family, friends, and people in the community. It will become much easier as you learn more over time. Some ideas and talking points from parents who have already traveled this journey are listed below.

Family and friends

Your friends and extended family can be an incredible source of support for you.

* Make copies of information that you think is helpful. Share it with family members, babysitters, friends, and others.
* Include family members, babysitters, etc. in appointments and meetings. Have them attend appointments with your child's doctor and audiologist so that they can hear the same information you are hearing.
* Invite family members and friends to early intervention meetings, therapy sessions, conferences, and other educational opportunities. This will be a great learning opportunity for them and also help support you.
* Share tools that will help other people understand what it is like to have a hearing loss. Some examples can be found at: ohttp://www.cdc.gov/niosh/mining/topics/hearingloss/hlsoundslike.htm
  http://facstaff.uww.edu/bradleys/radio/hlsimulation/

Encountering others in your community

You may feel uncomfortable answering questions from other people while still trying to learn and understand hearing loss. Some parents of a child with hearing loss have said they have been in the following situations:

* People stare at their child when out in public or whisper to their child, who is obviously curious.

* Strangers approach and comment about their child's hearing aids, cochlear implant(s), or their family's use of sign language.

* People have questions about why their family chose a particular technology or communication method.

Here are some tips to help you with public encounters:

* Think about how you will respond to others in public. You may find it helpful to find out what other parents of a child with a hearing loss have said.

* Think about ways to answer questions so that you help educate other people. Your parent guide through Guide By Your Side and/or your parent advisor through SKI*HI will be able to share some ideas.

* Most importantly, find ways to respond that are comfortable for you and your child.

* As soon as possible, teach your child how to respond to questions that he or she may get from other people. You will be amazed at how early your child will be able to advocate for himself or herself!

* Remember, there is no right or wrong way to respond in these situations. It's a matter of exploring what feels right to you as a parent, recognizing your comfort zone, and then making sure others respect your comfort zone, too.

Remember: Your dreams and goals for your child don't need to change - the journey is just going to be different!

Understanding Technology

Today, children with hearing loss have the opportunity to access incredible amounts of information, both visual and auditory. Many technology options are available to enhance your child's communication abilities.

The use of technology is a family decision based on your family's desired outcomes for your child. Some families choose to communicate with their child solely through sign language, while others choose to communicate with their child through using listening and spoken language only. Some families will use a combination of sign language, listening, and spoken language.

Your child's audiologist can help you learn the most current information. He or she will also help you review and discuss the different technologies available to meet your child's needs and your family's goals. Parents need to choose professionals who are knowledgeable about current technologies and are experienced in working with infants and young children. Families should work closely with their audiologist and early interventionist before making a final decision.

If your family chooses to use one of the technologies described below, it is important to understand that your child needs to use that technology every day. Daily use of hearing technology is crucial if the desired outcome for your child is to learn to communicate through hearing.

Available hearing technologies include:

Hearing Aids
Hearing aids are devices worn in the ear to allow a person to hear conversation and sounds in the environment. Some children identified with hearing loss can be fitted with hearing aids as early as a few weeks after birth. The sooner a person's auditory (hearing) center of the brain receives sound; the sooner a person's brain can begin to understand sound and develop listening skills.

You and your child's audiologist should work together to decide about fitting your child with hearing aids. Research shows that fitting a child with a hearing aid early in life minimizes how that child's hearing loss affects his or her language development.

However, fitting a child with a hearing aid(s) is not a one-time event, but an ongoing process. If you are interested in learning more about hearing aids, please talk with your child's audiologist and/or doctor before you obtain hearing aids.

Cochlear Implants
A cochlear implant is a hearing device placed in the ear by surgery done by a specially-trained doctor called an otologist or otolaryngologist. A cochlear implant is made up of internal parts (the parts that are placed in the ear during surgery) and a part that is typically worn behind the ear. Cochlear implants work by changing sound waves into signals that can be understood by the brain. Most children with cochlear implants need special training to hear well. Not every child is a candidate for cochlear implants, and cochlear implants are not a cure for hearing loss. They are usually used to help children with severe to profound hearing loss who get limited help from hearing aids.

If you are interested in learning more about cochlear implants, please talk with your child's audiologist and/or doctor before making a decision. A team of professionals, including your child's audiologist, will evaluate your child to determine if your child is a candidate for cochlear implants.

FM Systems
Children who use hearing aids or cochlear implants may still have difficulty hearing speech in a noisy environment or when the person speaking is far away. An FM system is a hearing technology that is used by both the person talking and the person listening. The person talking wears a microphone that connects to a transmitter. The microphone picks up the voice of the speaker and sends the signal to the transmitter by wireless FM sound transmission (like a radio signal). The person listening wears a receiver that picks up the signal from the transmitter. FM systems are commonly used in places like classrooms or other large group settings.

Assistive Listening Devices
Signaling devices use lights or vibrations to help people who are deaf or hard of hearing attend to different sounds such as telephones, doorbells, and smoke detectors. Most of these devices are available through catalogs and distributors.

Understanding Early Intervention

Early intervention means getting help for your child as soon as possible. There are several early intervention services in Indiana that are available to children who are deaf or hard of hearing. Your child may need one or more types of these services. Parents have a choice of whether they want to obtain services privately (on your own or through your insurance) or through the First Steps Early Intervention System.

Indiana First Steps Early Intervention System

Indiana's First Steps Early Intervention System is a family-centered, local, and coordinated system. The system provides early intervention services to infants and young children with disabilities or developmental delays and children who have a diagnosed condition that can cause developmental delays. First Steps's early intervention services may also be called Part C services.
First Steps connects families and professionals involved in education, health, and social services. By coordinating local services, First Steps is working to give Indiana children and their families the widest possible selection of early intervention resources.

The First Steps Mission

To assure that all Indiana families with infants and toddlers experiencing developmental delays or disabilities have access to early intervention services close to home when they need them. This is accomplished through the implementation of a comprehensive, coordinated statewide system of local interagency councils called First Steps.

Who can use First Steps?

Families who are eligible to participate in Indiana's First Steps System have children (from birth to three years old) who have disabilities or developmental delays and children who have a diagnosed condition that can cause developmental delays.

What services does First Steps offer?

Some services that are offered through First Steps include:

* Assistive technology (AT) devices - These devices include a variety of items, equipment, materials or services used with individual children to increase, maintain or improve their functional capabilities. May also include adaptations to toys and learning materials that permit the child to be more successful in their play and developmental activities; evaluation and adaptation of currently used equipment; or evaluation and adaptation of the child's environment.

* Audiological services, including signed and cued language services - A First Steps professional can identify if a child has a hearing loss, how significant the loss is and what it means to the child's ability to communicate and develop. May include training in specific ways of communication, fitting with and maintenance of hearing aids and insuring that the family can operate and care for the hearing aids.

* Family education, training, and counseling - First Steps professionals will visit your home to assist the family in understanding the special needs of the child and enhancing the child's development. Early intervention providers credentialed at the specialist level may provide these services.

* Medical services for diagnostic/evaluation purposes - These services are only for diagnostic purposes and are used to determine a child's developmental status and need for early intervention services when eligibility cannot otherwise be determined.

* Service coordination (SC) - First Steps service coordination ensures that you're the family is well informed of their rights, opportunities, and responsibilities within the program. First Steps will assist the family in assuming an advocacy role for their child and they assist the family to develop, monitor, and revise an Individual Family Service Plan (IFSP) to include appropriate outcomes and services that are family -centered and support your family's lifestyle and schedule. Service Coordinators work with the family to identify and plan for transitions within and out of First Steps.

* Special instruction [Developmental Therapy (DT/Early Childhood Education] - Developmental Therapy (DT) or Early Childhood Education (ECE) focuses on infant/toddler development and ways to promote development. This includes designing learning environments and activities that promote development across all domains -- cognitive, physical, communication, social/emotional and adaptive -- to help him or her learn to communicate, think, play, and interact with people.

* Speech-Language Pathology (SLP) / Speech Therapy - Speech-Language Pathology (SLP)/Speech Therapy focuses on receptive (understanding what is said) and expressive (being able to speak so that others can understand) communication. It may include the use of sign language, augmentative communication devices, or other assistive technology. A speech-language pathologist may also be involved with the child's feeding program. For a complete listing of services offered by First Steps, please visit the First Steps website at www.in.gov/fssa/ddrs/2813.htm.

How can my family get involved with First Steps?

1. Your family can start by calling First Steps or a professional working with your child can refer you to First Steps. First Steps will connect you with your Systems Point of Entry in your area.

2. The Systems Point of Entry professional will set up an intake appointment with your family.

3. The First Steps Eligibility Determination Team will evaluate your child to decide whether he or she is eligible for services offered by First Steps.

4. If your child is eligible for First Steps, a First Steps Early Intervention Team will work with you to develop a plan called an Individualized Family Service Plan (also called an IFSP) to meet your child's and your family's needs. The team members will work with you to answer questions, teach your family daily activities to help your child, explore communication options, and work on achieving outcomes that you have developed for your child. This plan must be in place within 45 days from the date that your family was referred to First Steps.

5. Once your family's IFSP has been written, your child's First Steps services can begin. Your family will work with the First Steps team to make sure that the goals included in your family's IFSP are being met.

How are early intervention services funded?

Early intervention services may be funded through First Steps Early Intervention, Children with Special Healthcare Services (if your child is eligible), and/or public or private health insurance.

How do I find my local Systems Point of Entry professional?

For the Systems Point of Entry Office in your area, please visit http://www.in.gov/fssa/ddrs/4089.htm.

How can I contact First Steps?

Family and Social Services Administration (FSSA) - Division of Disability and Rehabilitative Services (DDRS)
Bureau of Child Development Services (BCDS)
402 West Washington Street, Room W. 364
Indianapolis, Indiana 46204-2739
Telephone: (317) 233-6092 or (800) 441-STEP (800-441-7837, Indiana residents only)
Fax: (317) 234-6701

Going to School

Planning for your child's transition from early intervention services that serve children up to age three (also called Part C services) to preschool services is an important step. Children who are eligible for preschool services (also called Part B services) can receive special education and related services.

Once your child is three years old, your family will start a transition process that may include:

* A change of people who have been serving your child;

* A change in location of services;

* A change in which part of the Individuals with Disabilities Education Act law applies to your child's services;

* A change from an Individualized Family Service Plan (IFSP) to an Individualized Education Plan (IEP); and

* A change to goals that focus more on your child's education, but keeps parents as equal members of the Case Conference team. The Case Conference team is the team that decides what goals and outcomes should be included in your child's IEP.

When should my family start thinking about the transition to preschool (Part B) services?

Planning for this transition should begin about a year before your child turns three years old so that you will have enough time to explore the available options. If your child is enrolled in First Steps, your child's Early Intervention Service Coordinator will help you and your family transition from Part C services to Part B services. If your child is not enrolled in First Steps, you will need to contact your child's new school to begin enrolling your child in Part B services.

What happens during the transition to preschool (Part B) services?

The first step in the transition to Part B services should be a meeting between your family and the professionals who have been involved in your child's early intervention services. The Individuals with Disabilities Education Act (IDEA) law includes guidelines that describe the different steps that will need to be completed by families going through this transition process.

During the transition from Part C services to Part B services, there are many other steps that will occur. Your child's school may need to evaluate your child in order to figure out how the school can meet your child's educational needs. After these evaluations are finished, you will meet with a team of professionals (called the Case Conference Team). You are an important and equal member of this team. The team will talk about the results of the evaluations and, if your child is determined eligible, the team will help develop your child's Individualized Education Plan (IEP). Your child's IEP will include the goals for your child's education and the services that your child's school will provide.

Many families have said that the key to having a smooth transition between early intervention (Part C) services and preschool (Part B) services is having lots of time to learn, prepare, and meet the key people who will be involved in their child's education. The transition time can also ease pressure on parents and give the family and school personnel time to develop a positive relationship. Use the following timeline to help you and your child as he or she starts pre-school and/or related services.

9 - 12 months before your child's 3rd birthday

* Talk with your child's Early Intervention team to get information on the transition to Part B services, including Parent Rights (according to the Individuals with Disabilities Education Act (IDEA) law, available options, and timelines. Make sure this information is written in a way that your family can understand.

* Look for articles or other resources about how other families have chosen a preschool for their children and what the families' experiences were.

* Find preschools in your area and set up visits to see the school and meet the teachers.

* Think about how your child learns and communicates best.

* Meet other families of preschoolers.

* Write down any questions you have. Talk through your questions with your child's intervention providers.

6 months before your child's 3rd birthday

* Visit preschools. Think about using a scale as a way to "rank" the schools your family visit and prioritize your child's needs. You can access a preschool rating scale on the Hands & Voices website (www.handsandvoices.org).

* Start to become familiar with your child's school district's Individualized Education Plan (IEP) form. You can ask the school system for a blank copy of this form.

* Check over your child's current Individualized Family Service Plan (IFSP). This IFSP will be read by the personnel in your child's school district. Does the IFSP accurately describe your child's current strengths and needs?

* Learn about state laws that apply to special education.

* Attend local trainings that may be offered to help parents prepare for enrolling their children in special education services.

* Keep writing down all the questions you have! In addition to your early intervention providers, other parents, or a family support organization (i.e. Hands and Voices) may be able to provide answers.

3 months before your child's 3rd birthday

* Start creating a portfolio about your child and family that you will later share with your child's Case Conference Team. Make sure this portfolio includes your description of your child's strengths and educational needs.

* Keep writing down all the questions you have!

1 month (30 days) before your child's 3rd birthday

* Share your family's transition portfolio with the Case Conference Team.

* Talk to the Case Conference team about any special equipment that your child may need in school.

* Get letters of recommendation from professionals currently working with your child.

* Think about who you want to have at your Case Conference Team meeting. Childcare providers, extended family members, and anyone else with a special interest in or knowledge of your child's needs may be included. Some families have invited an advocate or another adult to support their family and take notes for the family. Invite these individuals to meetings where you and the Case Conference Team will write your child's IEP.

* Review the IEP checklist on the Hands & Voices website (www.handsandvoices.org).

There are many options for educating your child. The law mandates that a continuum of services be discussed when developing the IEP. The transition between early intervention services (Part C) and preschool services can feel overwhelming. The key to ensuring that this transition goes well is having the time to learn and prepare.

Indiana Family Resource List

Getting Services for Your Child

*** Indiana Early Hearing Detection and Intervention (EHDI) Program**
(888) 815-0006
Contact EHDI if you want to learn more about parent-to-parent support through the Guide By Your Side Program and other services at 888-815-0006
www.hearing.in.gov

*** First Steps Early Intervention Program**
(800) 441-7837
www.in.gov/fssa/ddrs/2816.htm

*** Indiana School for the Deaf**
(317) 920-6232; (317) 924-8400
www.deafhoosiers.com

*** Let Them Hear Foundation Advocacy Program**
(877) 432-7435
www.deafspecialeducation.com

*** Oral Deaf Education Programs**
(877) 672-5332
www.oraldeafed.org

*** Outreach Services for Deaf and Hard of Hearing Children (at the Indiana School for the Deaf)**
(317) 920-6311
Contact Outreach if you want to learn more about professional-to-parent support through the SKI*HI Early Intervention Program and other services at 317-920-6262
www.deaf-kids.org

*** Private Providers**
Contact EHDI or Guide By Your Side to determine where providers are located near you at (888) 815-0006.

Helping to Pay for Services

*** Assistive Technology Programs**
(518) 439-1263
www.ataporg.org/atap/index/php

*** Children's Special Healthcare Services (CSHCS)**
(800) 475-1355
www.in.gov/isdh/19613.htm

*** Families and Social Services Administration**
(317) 233-4454
www.in.gov/fssa/ddrs/3340

*** Funding Assistance for Audiology Services**
www.asha.org/familyfunding

*** Hearing Aid Loaner Bank**
(402) 472-0043
www.indylionsspeechhearing.com/loaner.htm

*** Hoosier Healthwise**
(800) 889-9949
www.healthcareforhoosiers.com

Learning About Hearing Loss

*** Family-friendly Web sites**
- ❏ www.babyhearing.org
- ❏ www.cdc.gov/ncbddd/ehdi
- ❏ www.ncbegin.org
- ❏ www.raisingdeafkids.org
- ❏ www.communicatewithyourchild.org

*** Laurent Clerc National Deaf Education Center**
(202) 651-5051
http://clerccenter.gallaudet.edu/infotogo

*** National Institute on Deafness and other Communicative Disorders**
www.nidcd.nih.gov/health/hearing

Finding Other Families Like Yours

*** About Special Kids**
(800) 964-4746
www.aboutspecialkids.org

*** American Society for Deaf Children**
(800) 942-2732
www.deafchildren.org

*** Family Voices**
(888) 835-5669
www.familyvoices.org/states.php

*** Hear Indiana (AG Bell Chapter)**
(317) 828-0211
www.hearindiana.org

*** Indiana Hands & Voices**
(317) 605-3885
inhandsandvoices.org

*** Parent Training and Information Centers**
(888) 248-0822
www.taalliance.org/ptidirectory