It is this time of year when the days get shorter, temperatures get cooler and flowers fade. Summer is officially winding down, but with that, a new school year is in full bloom. Our staff is bustling this time of year as we help students, families and schools assess skills, write goals and implement services for individual deaf and hard of hearing (DHH) children according to their needs. In addition, we are gathering DHH teachers from around the state, giving them an opportunity for conversation, updating information and resource sharing.

We are also partnering with the Office of Public Health Performance Management (OPHPM) within ISDH to ramp up our strategic planning process. This process allows us to look back on our accomplishments and on changes within our Center and the state; to look at the present, including our current programming, relationships with other entities, and how we fit within the current needs of our state; and to look forward to priorities we see for our Center based on our past and present evaluations and forecasting.

The strategic planning process will allow us to plan for growth, manage our resources better and give us the best possibility to meet our desired outcomes. Most importantly, it will help deaf and hard of hearing children reach their full potentials. It will be important for us to determine what our state may lack and to assist in resolving any issues so we can create a long-term plan for success. As the process moves forward, we will ask: What is our current state? How does that compare to our desired future? How do we get from now to our desired future? And how will we measure our success? These will guide our investigation and creating of an updated strategic plan.

Our planning process has begun with conversations among our Center staff with OPHPM facilitation. The discussions will expand to our advisory committee and other professionals and families of deaf and hard of hearing children as stakeholders of our Center. We value your participation in this process and will be sending out a survey to receive your feedback and input into planning our future. Thank you in advance for your comments and suggestions. We look forward to continue to serve our state through services, resources and information.
According to Sarchet & Trussell (2017), approximately 95 percent of children who are deaf or hard of hearing (DHH) spend some portion of their days in a general education classroom. The prevalence of childhood hearing loss is relatively low, which means many teachers and school officials have never worked with DHH students. Therefore, parents of children who are DHH must play an active role in ensuring their students have what they need to be successful in school. The key players working with DHH students in an educational setting may include speech language pathologists (SLP), audiologists, teachers of the deaf/hard of hearing, therapists and classroom teachers.

The following areas should be monitored closely to ensure that optimal educational success is achieved (think “ACES”):

**Auditory access:** Amplification and hearing-assistive technology (HAT) should be optimally fitted and in good working condition. It is important for everyone working with a child to know what they can and cannot hear. Amplification does not always mean adequate auditory access!

**Classroom performance:** Children should be able to obtain new information from teachers, peers and media sources and participate in all classroom activities and discussions. For example, a child may require captioning or alternative ways to access media utilized in the classroom.

**Educational growth:** Each child should be gaining new academic, language and literacy skills based on their individual cognitive and developmental abilities.

**Social-emotional:** It is important for children to develop communication strategies to foster meaningful peer interactions and to make and maintain friendships.

Consider the many needs that are common among children who are DHH. Auditory access, speech and language development, and academic success are interrelated; therefore, it is important that professionals working with the child have access to important information regarding his/her abilities and are able to communicate effectively. Parents can be instrumental in facilitating this process by ensuring that everyone working with their child has current information to develop appropriate plans and goals and monitor their child’s progress.

**How can a parent help to address these needs and maximize a student’s school outcome?**

**Ask good questions:**

**Is an audiologist involved with my child’s academic planning?** If not, your child’s managing audiologist is essential in providing information and recommendations to school staff regarding his/her auditory abilities, access and what may be needed to facilitate access to classroom information.

**Does my child have access to hearing assistive technology at school? What type? Is it effective? Who monitors the device(s)? Is it being used consistently?** Poor classroom performance or academic growth may suggest a need to initiate the use of HAT or re-evaluate current technology.

**How often does my child receive push-in/pull-out instruction? Who are the professionals working with my child? What are the goals and how is progress monitored?** If a child is not making adequate progress on goals, a meeting with school staff and/or service providers may be warranted to review and update current plans.

**Does my child feel accepted and supported at school?** If a child does not feel comfortable at school, he or she may not perform as well as they might when they feel accepted and supported. Improving a child’s support system and building confidence can have a positive impact on his/her academic performance.

**Share information with key players, including:**

- Updated hearing test results, make and model of amplification devices, and changes in function of amplification or HAT
- Changes in academic performance, behavior, attention, etc.
- Progress toward goals from all professionals working with your child

**FAQs:**

**Q**: What is the difference between Guide by Your Side (GBYS) and Parent Advisor (DT-PA)?

**A**: The GBYS program provides emotional support from parents of deaf or hard of hearing children and who have been trained to provide parent-to-parent support. The program is administered through the EHDI program rather than a First Steps early intervention service. Parent Advisors are early intervention specialists credentialed through First Steps and trained on the SKI-HL curriculum. They have professional backgrounds with degrees in deaf education, speech and language, or other related fields. They provide education to parents regarding specialized resources as well as information on topics unique to raising a deaf or hard of hearing child, including strategies for communication and language development.

**Q**: What if the family works with another agency already?

**A**: The CDHHE Network only provides services specific to deaf and hard of hearing children. Often OT/PT and other services will be from another agency. An integrated family service plan (IFSP) can also have providers from two agencies, each working on unique goals.

**Q**: If a child is too young to speak or sign, why offer speech therapy (ST) or developmental therapy – deaf and hard of hearing (DT-DHH) or deaf mentor (DM)?

**A**: Children take in and are “listening” before birth and when they are born. Their brains make neural connections rapidly during the early years, and our specialists will show families how to make those connections through everyday routines, interacting, communicating and responding with their baby. Check out these resources on language development to see the importance of starting as early as possible to build language in the brain. [https://www.babyhearing.org/language-learning](https://www.babyhearing.org/language-learning) or [https://www.gallaudet.edu/clerc-center-sites/setting-language-in-motion.html](https://www.gallaudet.edu/clerc-center-sites/setting-language-in-motion.html)

**Q**: Can you provide a basic one page sheet to help families understand why the CDHHE Network is important at intake?

**A**: Yes, this is in progress. The goal is to ensure families understand the need for and receive early specialized services.
As another school year gets into full swing, you may have questions about why some of your students are not demonstrating progress as their typically-developed peers. Our Center Assessment Team is available to assist in various capacities, such as file reviews, consultation, onsite observations and assessments. Assessments can occur at any one of our facilities or onsite. We complete comprehensive assessments as well as work collaboratively with professionals at the servicing school.

**Frequently Asked Questions:**

**Q:** I’m a parent. Can I request an evaluation, observation, or consultation?
**A:** Yes. Parents as well as legal guardians are encouraged to reach out for assistance with their children who are Deaf or Hard of Hearing in addition to referrals from any educational or medical professional team members.

**Q:** Does the Center have to do all the testing?
**A:** No. The Center can conduct all the testing or only strategic components of an assessment, such as one or more of the following areas: audiology, speech, language, motor, sensory, achievement, cognitive, social-emotional, etc.

**Q:** Can I choose the location of the testing?
**A:** The Center Assessment Team conducts a thorough file review and determines the staff members who need to be involved to best answer the referral question, as well as the geographical location for the assessment of the child/student. This information will allow the team to recommend whether testing can occur at the local school or at one of our Center offices (Central-Indianapolis, Northeast-Fort Wayne, or Southeast-Scottsburg).

**Q:** How long does it take to get an assessment scheduled with the Center Assessment Team?
**A:** Depending on the comprehensive nature of an assessment, appointments could be scheduled as far as three months out from the file review, once all paperwork (completed Center Referral, Center Release, IFSP/IEP, audiology/ENT records, previous speech and language assessment results, psychoeducational assessment reports, etc.) has been submitted to the Center as part of the referral.

**Q:** Once testing occurs, how often does it take to get a report?
**A:** The Assessment Team informs families, schools, and other referring parties that it generally takes six to eight weeks to finalize our comprehensive, integrated assessment reports. However, we acknowledge and do our best to work within the local school’s IEP timelines.

**Q:** Will the Center Assessment Team share their information in a case conference?
**A:** At least one representative from the Center Assessment Team will be available to participate in case conferences to share the testing results and recommendations. Participation may occur in person or via the telephone when we are notified of or invited to case conferences.

**Q:** Can parents or legal guardians invite professionals from the Center to a case conference?
**A:** Yes. We request that parents and legal guardians inform the servicing school of their intention to include the Center as part of the Case Conference Committee.
Language and Literacy Corner

Basic Interpersonal Communication Skills vs. Cognitive Academic Language Proficiency

Jacqueline D. Hall-Katter, M.S. CCC-SLP

Two types of language exist in human interaction. Basic Interpersonal Communication Skills (BICS) are the language skills needed in social situations. It is the day-to-day language used to interact with other people. A student may use their BICS on the playground, in the lunch room, on the school bus and playing sports. These social interactions usually include context cues and occur in a meaningful, experiential setting.

The language required to participate in the social exchange require minimal thinking. While interpersonal communication is important to child development, schools and families need to take care to not to assume a social student has adequate language to develop literacy.

Cognitive Academic Language Proficiency (CALP) is the formal academic language required for listening/seeing, speaking/signing, reading and writing about content material. Having age level CALP skills is essential for students to succeed in school. Academic language acquisition isn’t just the understanding of content area vocabulary; it includes skills such as comparing, classifying, synthesizing, evaluating and inferring information read from a textbook or presented by the teacher out of context.

As a student gets older, the context of academic tasks becomes more and more reduced, requiring the ability to use of different cognitive skills.

Deaf and hard of hearing students are best served when their language is monitored by formal testing annually until they demonstrate cognitive academic proficiency; both receptively and expressively (written, oral and/or sign). When language skills are regularly monitored, educational programming can be tailored to the student in a more precise and focused manner.

The Center staff can consult with you about language and literacy including:

- Consulting on goals
- Share techniques to help DHH students
- Brainstorm ideas to improve a student’s language development

jkatter@isdh.in.gov
317.232.2864
Interested in learning Cued Speech or growing your current skills? National Cued Speech Association is partnering with the Center to bring two classes to Indiana in October.

Register here:


Parent & Child PLAYGROUP!

Come together to meet with other families who are raising a deaf or hard of hearing infant, toddler, or young child, ask questions, and, of course, have fun! All family members and friends involved in your child’s life are welcome.

Parent & Child Playgroup
Ages: birth to 5 years old
Location: will vary monthly
Time: will vary depending on location

How do I know when and where?
- Follow: [https://www.facebook.com/CDHHE/](https://www.facebook.com/CDHHE/)
- Email Kjari Newell

Kjari Newell *** knewell@isdh.in.gov *** 317-232-0960

Children with hearing loss are eligible for HAJNI, if all of the following are true:
- They are at least 3 years old.
- A physician has provided medical clearance.
- They have not graduated from high school.
- They have not received funding from HAJNI in the previous three years.

Center for Deaf and Hard of Hearing Education
## Center for Deaf and Hard of Hearing Education Staff

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