

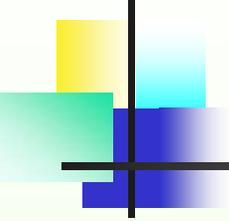
# What is the Role of the Hearing Specialist in Early Steps?

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*Karen Anderson, PhD*

*Coordinator of Early Intervention Services  
for Hearing and Vision*

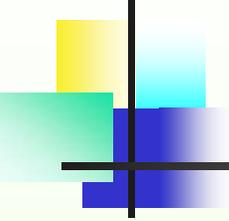




# What is a Hearing Specialist?

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- A person with expertise in working with families of children with hearing loss
- A person with a variety of college degrees and experience bases in working with children with hearing loss
- A Hearing Specialist is the name of the provider category for people with such expertise



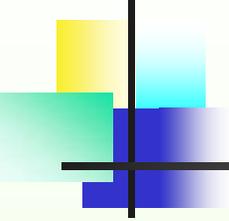
# What are the qualifications of a Hearing Specialist?

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- Bachelor's degree or higher for teacher of the deaf or hard of hearing with evidence of coursework specific to infant and toddler services and/or SKI\*HI training

or

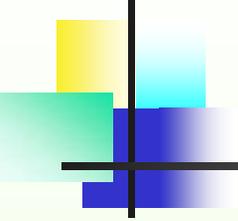
- Specialization in a related field AND SKI\*HI training AND evidence of coursework specific to early childhood hearing loss educators or equivalent by January 2010.
- Minimum of one year experience in early intervention



# What is an ITDS and what does it have to do with the Hearing Specialist role?

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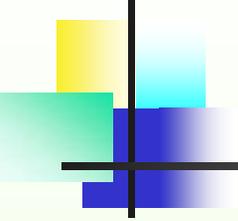
- An Infant Toddler Developmental Specialist is a general educator with the Early Steps intervention services system
- An ITDS is an unlicensed professional who can be reimbursed by Medicaid and Part C for providing early intervention services
- A Hearing Specialist who is not a licensed provider can be reimbursed through Medicaid by dually enrolling in Early Steps as an ITDS



# How do I become a Hearing Specialist?

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- Contact your Local Early Steps Director and discuss if more hearing specialists are needed in your area, and if so what county(ies)  
<http://www.cms-kids.com/ContactUs/EIPdir.pdf>
- Take SKI-HI training – even teachers of the deaf and hard of hearing and SLPs benefit from this 6-day training that focuses on working with families of infants with hearing loss
- People who have expertise in sign, auditory verbal, auditory oral or cued speech are ideal to add to the state network of Hearing Specialists but we still need plenty of ‘generalists’ to get families started and supported.



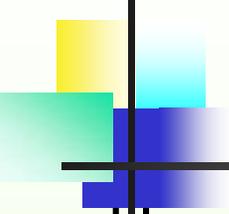
# Where do I find out more information about the ITDS and enrolling in Early Steps?

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Refer to the Early Steps website Personnel  
Development and Training Guide at

[http://www.cms-  
kids.com/InfantToddler/ESPersonnelGui  
de.pdf](http://www.cms-kids.com/InfantToddler/ESPersonnelGuide.pdf)

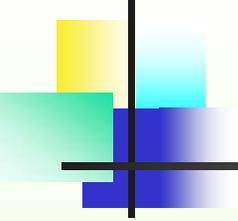
OR Coming soon - Look in Early Steps  
policy documents posted on the website  
that will replace the Personnel  
Development and Training Guide



# What's the big deal – why do we need Hearing Specialists?

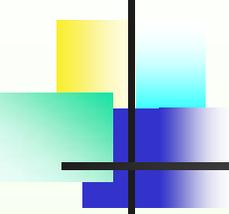
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- Hearing loss prevents full access to communication and delays the normal development of speech and language abilities
- Early intervention services assist parents and caregivers to
  - develop awareness of the communication access barrier that hearing loss poses
  - facilitate the development of effective parent-child communication strategies
  - support effective communication practices in the child's natural environments
- Hearing Specialists have the expertise to help families and caregivers help their children access communication and learn language



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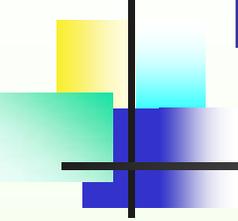
Families of every child with hearing loss deserve to receive guidance and support from someone with expertise in the unique needs of children who are deaf or hard of hearing.



# Competencies of a Hearing Specialist Include...

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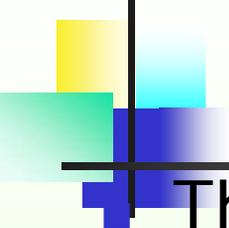
- Coaching and supporting families in how to improve their child's access to communication and language development
- Understanding hearing loss / listening bubble
- Auditory development
- Information about each type of communication option (preferably with expertise in one or more options)
- Use of amplification / cochlear implants
- Communication strategies
- Speech skill development



# Provider availability & parent choice

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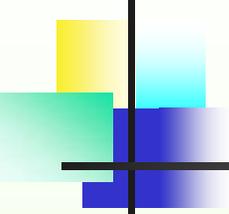
- Develop a network of identified hearing specialists in Early Steps that would be available to any family of a child with hearing loss from any location in Florida
- Develop a list of identified pool of providers with expertise in serving children with hearing loss and their families who are outside the Early Steps system
- Allow families free choice in the decision making of who will help them to help their child communicate and learn as effectively as possible



# Improving Expertise!

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- There is now no-cost mentoring available to any Hearing Specialist who has a question or would like input/guidance from someone more experienced
  - Financially supported by a partnership between Infants and Young Children West Central Florida and the Sertoma Speech and Hearing Foundation of Florida
- General SKI-HI mentoring available
- Specialist mentoring available in:
  - ASL, Cued Speech, Auditory Verbal Therapy, Auditory oral, Signed English, Amplification, and Cochlear implants



# SHINE and the Hearing Specialist

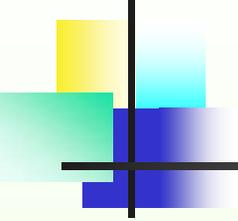
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- Serving Hearing Impaired Newborns Effectively (SHINE) applies to all children age 0-3 with hearing loss
- SHINE is a structure that supports appropriate services to families of children with hearing loss
- Some Hearing Specialists provide initial SHINE information services and ongoing Communication Development Monitoring (CDM)
- Other Hearing Specialists provide ongoing services once the parents have chosen them as a provider **after** receiving the initial SHINE information
- Some Hearing Specialists provide SHINE initial information and also provide ongoing services

# Birth of a specialized component

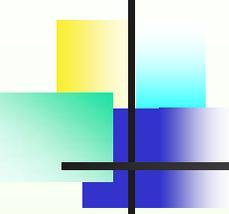
- In 2001 the state Part C early intervention program had no recognized component for serving families of children with hearing loss
- Each region had their own providers – some areas had providers with expertise in hearing loss, some did not
- Services were often 'brokered' to school 0-3 services or speech language pathologists; preempting parent choice
- There was bitterness by many providers by being 'cut out' of referrals; resulting in referrals deliberately not made to Part C resulting in loss of child to the Early Steps system
- There was no recognition in EI program for the need for parent choice in communication option- out of ignorance to need
- There was resistance to treating any one disability area 'special'

# Birth of a specialized component



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- Federal Early Hearing Detection and Intervention (EHDI) grant funding drove the need to identify or develop appropriate intervention services for identified babies with hearing loss
- In late 2001 a plan was developed to identify one service coordinator and one service provider in each region with expertise
- Special training was provided in conjunction with the Florida School for the Deaf and the Blind (FSDB) based on the SKI-HI training curriculum

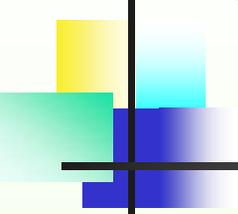


# Overall Desire Outcome of SHINE

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The child with hearing loss will achieve a minimum of one month of language development for every month of early intervention.

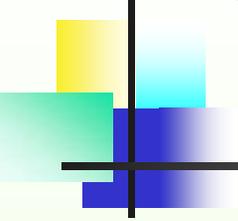
For the best language and social development outcome, all caregivers will use consistent effective interaction and will work towards the child's full access to communication.



# 6 Goals of SHINE

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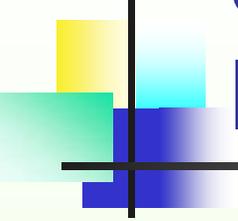
- Share information on hearing loss and its effect on communication interactions and development
- Support knowledge of the effects of hearing loss on speech perception and the benefits of consistent use of amplification
- Increase knowledge and comfort with techniques and strategies to provide communication access to the child with hearing loss



# 6 Goals of SHINE continued

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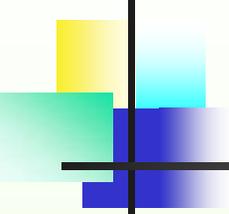
- Provide unbiased information about the different communication features and options available to provide children with communication access
- Assist families in matching communication methods and Hearing Specialist expertise to the learning style, strengths and desires of the child and family
- Monitor the development of communication skills to guide data driven decision making for adjustment of communication options and other aspects of IFSP functional outcomes, as needed



# Why the interest NOW in improving outcomes for children with hearing loss?

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- Federal interest
- Early identification via newborn hearing screening
- Increased accountability
- Advances in technology

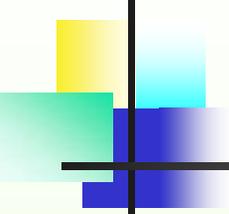


# Federal Pressure to Improve Outcomes of Children with Hearing Loss

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The Government Performance and Results Act (GPRA) of 1993 (Public Law 103-62) requires that Federal programs establish measurable goals approved by the US Office of Management and Budget (OMB). The GPRA Measures for the EHDI program are the number of infants:

- screened prior to discharge
- with confirmed hearing loss by 3 mos of age
- enrolled in an EI program by 6 months
- with confirmed or suspected hearing loss referred to an ongoing source of comprehensive healthcare (i.e. medical home)
- The number of children with non-syndromic hearing loss who have developmentally appropriate language and communication skills at school entry



# Quality Indicators from JCIH

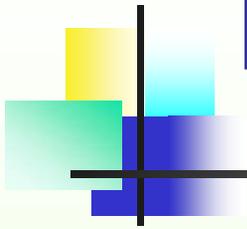
(Joint Commission on Infant Hearing 2007)

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## Quality Indicators for Early Intervention

- Percent of infants with confirmed hearing loss who receive the **first developmental assessment using standardized assessment protocols** (not criterion reference checklists) for language, speech and non-verbal cognitive development **by 12 months of age** (Recommended benchmark is 90%)
- **Unknown in Florida.**

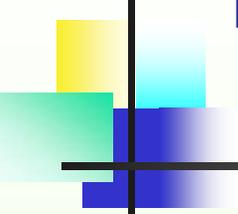
This quality indicator cannot be evaluated since Communication Development Monitoring data is not being submitted consistently.



# More Indicators from JCIH 2007

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- Spoken and/or sign language development should be commensurate with the child's age and cognitive abilities and should include acquisition of phonologic (for spoken language), visual/spatial/motor (for signed language), morphologic, semantic, syntactic, and pragmatic skills.
- Early-intervention programs must assess the language, cognitive skills, auditory skills, speech, and social-emotional development of all children with hearing loss **at 6 month intervals** during the first 3 years of life, **using assessment tools standardized on children with normal hearing.**

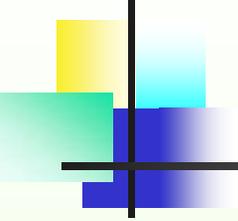


# More from JCIH 2007

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- While criterion referenced checklists may provide valuable information for establishing intervention strategies and goals, these assessment tools alone are not sufficient for parents and intervention providers to determine whether a child's developmental progress is comparable to hearing peers.

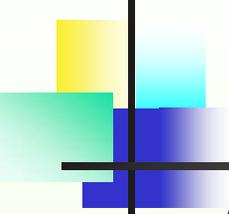
JCIH recommendations support the  
Communication Development Monitoring test  
protocol identified by Florida Early Steps



# Other background information to “set the stage” for meeting intervention needs

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- Recent hearing aids and cochlear implants do a better job of providing access to the speech signal than ever before
- Approximately 70%+ of families begin early intervention with a firm mindset towards speech and listening
- In Colorado where parents can choose any single or combination of communication methods 50% change methodology at least once before age 3
- Increasing numbers of deaf children are receiving cochlear implant(s)

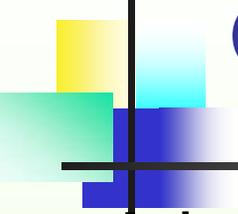


# Referrals to Early Steps

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- Audiologists report children with confirmed permanent hearing loss within 2 days to CMS newborn screening unit
- Same report form acts as a referral form for early intervention – faxed to Early Steps
- Newborn screening provides the Early Steps Coordinator of Hearing Services with the report
- Coordinator alerts SHINE service coordinator that a child with hearing loss has been referred and cc's the Hearing Specialist identified to provide SHINE initial information services to families
- SHINE ID number assigned for CDM reporting
- Email includes a reminder of the due date for communication development monitoring data to be submitted

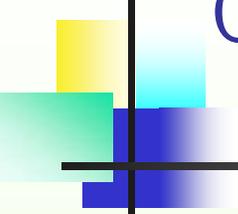




# What tests are included in Communication Development Monitoring?

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- Adapted MacArthur Communication Development Inventory –now called the SHINE Vocabulary Checklist (only vocabulary production is required)
- 3 levels available based on age (8-36 mos)
- Obtain unit score for receptive and expressive language with the criterion-referenced Language Development Scale (LDS developed by SKI-HI)
- Auditory Skills Checklist – emerging, inconsistent, acquired skills
- Parent Interview Progress Report (not done at baseline)

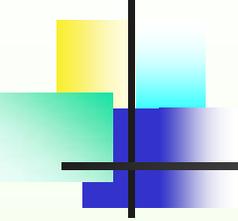


# Communication Development Monitoring

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- CDM should be performed for every 0-3 child diagnosed with permanent hearing loss
- The same Hearing Specialist who provides initial SHINE information typically monitors communication at 6-month intervals (i.e., in conjunction with the periodic IFSP reviews and annual IFSP meetings)
- Not ALL Hearing Specialists providing ongoing services to families will be submitting CDM information as some Hearing Specialists who provided the initial SHINE information will continue to perform CDM even if they do not provide ongoing services
- Refer to <http://www.cms-kids.com/SHINE/shineCommunicationDev.htm> for the full CDM tutorial

# Advantages of the Communication Development Monitoring Protocol

- 
- Consistent biannual assessment protocol in state
  - Involves parents in all aspects of data gathering
  - Provides data-based information to parent and team on which to base decisions about services
  - Provides information that can be used to analyze child outcomes on an individual, regional, and statewide basis (demands for accountability, outcomes measures federally)
  - Children transition to Part B with a documented history showing rate and trajectory of development
  - Parent involvement leads to more informed advocacy and fairer expectations for student learning

# SHINE Vocabulary Checklist

early steps

## SHINE Vocabulary Checklist: Level I (Infant Form)\*

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Child's Name:

Child's Birthdate:

### PART ONE: VOCABULARY CHECKLIST

Children understand many more words than they use. We are particularly interested in the words your child SAYS, CUES or SIGNS. Please mark the words you have heard or seen your child use. If your child uses a different pronunciation of a word (or baby signs or cues), mark it anyway.

	Under-stands signs/cues	Under-stands words	Under-stands and signs/cues	Under-stands and says		Under-stands signs/cues	Under-stands words	Under-stands and signs/cues	Under-stands and says		Under-stands signs/cues	Under-stands words	Under-stands and signs/cues	Under-stands and says
choo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	wait	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
choo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	couch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	break	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
meow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	feed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ouch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	table	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	finish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
uh oh	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
bird	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	blanket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	jump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	bottle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	kick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
duck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	kiss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
littery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										

# SKI-HI Language Development Scale (LDS) protocols available to hearing specialists in Florida at no cost from the Early Steps Coordinator of Hearing Services

## SKI-HI Language Development Scale

### Unit 1

#### Receptive

- 1. Quiets when picked up
- 2. Inspects surroundings
- 3. Shows anticipatory excitement (shows excitement when anticipating feeding, etc.)
- 4. Responds by smiling or making sounds (vocalizing) when parent or caregiver comes close to child

#### Expressive

- 1. Cries with both a strong and a weak voice
- 2. Makes non-crying noises (such as grunts, hiccups, throaty sounds, sucking sounds)
- 3. Makes open mouth sounds (such as eh, ah, oo, oh) in a musical, coo-like way
- 4. Cries for hunger, pain, and discomfort
- 5. Makes happy noises: gurgles, chuckles

### Unit 2

#### Receptive

- 1. Watches speaker's face or signer's face and hands
- 2. Knows will be fed or lifted by the sights and/or sounds of someone coming towards him/her
- 3. Recognizes parent or caregiver by his/her noises and appearance
- 4. Aware of many sights and/or sounds in the environment
- 5. Aware of strange situations
- 6. Upset by angry faces or voices
- 7. Stops crying most of the time when someone communicates to him/her using words or signs

#### Expressive

- 1. Makes a sustained coo (such as o-o-o-o)
- 2. Produces two different syllables (such as ah-goo, still sounds coo-like)
- 3. Attempts a few guttural sounds (such as k, g, ng)
- 4. Vocalizes to social stimuli (someone lifting, holding, talking to child)
- 5. Smiles when smiled at
- 6. Laughs aloud
- 7. Makes some loud and soft sounds other than crying (gurgling sounds, sucking sounds, etc.)
- 8. Baboos by repeating series of same sounds (e.g., ga, ga, ga)

# Auditory Skills Checklist

early steps

## AUDITORY SKILLS CHECKLIST

Child's Name \_\_\_\_\_ Birth Date: \_\_\_\_\_ Person Reviewing Skills: \_\_\_\_\_

Dates Auditory Skills Reviewed: \_\_\_\_\_

**Directions:** Skills should be checked-off only if the child responds or has responded using auditory-only clues, without any visual information available. Although these skills are listed in a relatively typical order of development, it is common for children to increase in the depth of their development in previously acquired skills while learning skills at more advanced levels. Work on skills from one or two levels at a time. A child's rate of progression can depend on cognitive ability, the ability to attend for periods of time, vocabulary size, ability to point, etcetera. Every time you monitor auditory skill development, check off changes in the child's ability to respond or perform each skill that is being worked on. Estimates of percent of the time the child is seen to respond are approximations only based on the observation of the parents and others who regularly interact with the child. In subsequent reviews of the child's auditory skill development check off progress made (e.g. add check to E column if child is seen to begin to respond or demonstrate skill).

NOT PRESENT (0-10%)    E = EMERGING (11 – 35%)    I = INCONSISTENT (36-79%)    A = ACQUIRED (80-100%)

E ✓	I ✓	A ✓	AUDITORY SKILL	EXAMPLE	APPROX DATE ACQUIRED
			<b>LEVEL ONE</b>		
			Child wears hearing aids or implant all waking hours	Hearing aids worn at all times except for naps and bathing.	
			Awareness to sound: Child nonverbally or verbally indicates the presence or absence of sound.	Child's eyes widen when she hears her mother's voice.	
			Attention to sound: Child listens to what he hears for at least a few seconds or longer.	Child pauses to listen to father's voice.	
			Searching for the source of sound: Child looks around, but does not necessarily find sound source.	Child glances or moves in search of the sound.	
			Auditory localization: Child turns to the source of sound.	Child turns to Mom when she calls her.	
			<b>LEVEL TWO</b>		
			Auditory feedback: Child uses what he hears of his own voice to modify his speech, so that it more closely matches a speech model.	Parent says ee-oh-ee and child imitates. Parent says woof-woof and child imitates	
			Auditory discrimination of specific sounds and suprasegmentals	Child identifies which toy has been made	

# Parent Interview Progress Report



## Parent Interview Progress Report

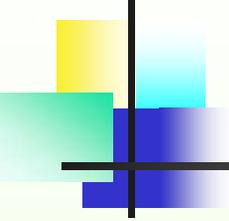
Child: \_\_\_\_\_ Date: \_\_\_\_\_

Areas to consider that can affect the rate that communication skills develop:	Almost Always	Often	Some-times	Rarely/ Never/NA
<b>AUDITORY COMMUNICATION</b>				
1. If the child has amplification, are the hearing aids (or cochlear implant) worn all waking hours?				
2. Are the hearing aids checked at least once every day to be sure that they are working properly?				
3. Are the hearing aid batteries changed at least every 1-2 weeks?				
4. Does the child receive a hearing evaluation every 3-6 months (hearing ability can change!)?				
5. Are the all adults in the child's life aware of the size of the child's listening bubble (hearing range) in different listening environments (quiet, noise, close, far) and talk in this distance?				
6. Are the parents aware of the impact of noise on the ability of the child to really hear speech and try to control noise in the home?				
<b>VISUAL COMMUNICATION</b>				
7. If the child is signing (with or without meaningful auditory input), are the parents and caregivers learning enough words in sign to keep up with the child's areas of interest?				
8. Are signs being used whenever the child is in the room? (much language is picked up incidentally, or when communication is occurring around a child)				
9. Do brothers, sisters, and playmates sign with the child and each other when the child is present?				
10. Does the family get together with other families who sign with their children, or do they regularly interact with Deaf adults?				
<b>EFFECTIVE COMMUNICATION STRATEGIES</b>				
11. Are the parents and caregivers following the child's lead in what they are interested in and providing the spoken and/or signed words and concepts that reflect the child's interest?				
12. Do the parents and all caregivers communicate effectively (sign and/or speech/listening) during ALL of the child's typical everyday routines and activities (diapering, choosing food, etc.)?				
13. Does the child have regular opportunities to interact with children or adults who wear hearing aids or cochlear implants, and/or who sign? (role models and/or playmates)				
14. Are the parents satisfied with how the child is developing communication skills compared to skills of children the same age?				

Inquires about practices related to providing communication access.

If a child is not progressing at the desired rate it may be due to family skills or consistency in providing access to language and/or sound.

Relates to information on the Communication Plan



## Supporting auditory skill development



- Listen Little Star kit will be provided to each family with a child of 12 months or less that has moderate - profound bilateral loss
- Kits are sent to the Hearing Specialist providing SHINE initial information
- Refer to website for more information on Listen Little Star

<http://www.auditory-verbal.org/llstar.asp>

# What is the Communication Plan?

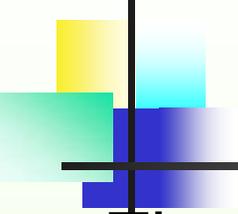
## Why is it done?

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The Communication Plan documents that:

- All communication options were presented
- Different communication option providers were presented
- It is the parent making the choice
- The parents commitment to use amplification
- these decisions will be reconsidered at least twice a year in conjunction with CDM

# Completing the Communication Plan



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The Communication Plan is completed once the parent has chosen a communication 'path' they want to start on; it:

- Declares the communication features they wish to use
- Specifies their commitment to amplification use
- Specifies links to other families or role models
- Requests activities and routines in which the communication option will be used
- Specifies the professionals who will be helping the family

# COMMUNICATION PLAN

Communication Plan For: \_\_\_\_\_

Date: \_\_\_\_\_

## EVERY CHILD WITH HEARING LOSS NEEDS FULL ACCESS TO COMMUNICATION TO DEVELOP LANGUAGE OPTIMALLY

**Step 1:** With my Service Coordinator and Family Support Team we discussed:

✓ YES NO

Language development opportunities \_\_\_\_\_

Communication Features and Modes \_\_\_\_\_

Intervention Program Options \_\_\_\_\_

**Step 2:** We have identified the communication features we want to use with our child (circle):

- Speech, maximal use of hearing, English, gestures, fingerspelling, speech reading, conceptual sign (ASL), cued speech, manual sign (i.e. Signed Exact English), vibrotactile, augmentative communication*

**Step 3:** We discussed using amplification with our SHINE provider, hearing specialist and our audiologist. We realize that our child cannot learn spoken language or speech to the best of his/her ability unless as much speech as possible can be heard everyday by using amplification for all waking hours. Check all that apply.

Hearing aid(s) \_\_\_\_\_ Cochlear Implant(s) \_\_\_\_\_

Used all waking hours \_\_\_\_\_ 6 hours per day \_\_\_\_\_  
 \_\_\_\_\_ hours per day (please complete)

We will use amplification because we want our child to speak \_\_\_\_\_

Or we want our child to speak and sign \_\_\_\_\_

No amplification, we want our child to sign \_\_\_\_\_

Other comments: \_\_\_\_\_

**Step 4:** Opportunities our child will have to communicate with other children or adults who are deaf or hard of hearing include (i.e. other families with children who have hearing loss, deaf role models, adults or children that sign, cued, wear hearing aids, or have cochlear implants):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Step 5:** The natural environments, everyday routines, activities, or places that our child will be around others that use the chosen communication features or mode (and wear amplification if desired) include:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Step 6:** The trained professionals who will support our child and family are:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PARENT SIGNATURE (+):

\_\_\_\_\_

\_\_\_\_\_

Monitor Communication Development at intervals (i.e. monthly, quarterly, 6 months, 1 year)

Parent Communication Development Review (this section only)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

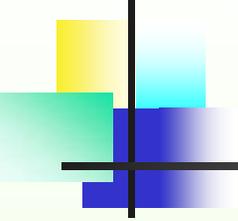
4. \_\_\_\_\_

5. \_\_\_\_\_

Review the Communication Plan every \_\_\_\_\_ months and monitor progress towards the development of the child's communication

Adapted in 2008 from the Colorado Communication Plan for Deaf and Hard of Hearing Students

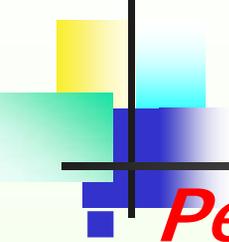
DOWNLOAD THE COMMUNICATION PLAN AT [http://www.cms-kids.com/SHINE/Appc\\_Communication\\_Plan\\_Example.pdf](http://www.cms-kids.com/SHINE/Appc_Communication_Plan_Example.pdf)



# Communication Option matching

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- There is a list of all self-identified providers with specialty in working with young children with hearing loss and their families on the SHINE web page <http://www.cms-kids.com/SHINE/shineServices.htm>
- The online survey is posted for any new providers – and is meant to be inclusive, even if a provider is not associated with Early Steps <http://www.cms-kids.com/SHINE/DHHSurveyIntro.htm>
- The SHINE initial information provider should make parents aware of all provider options available to them, locally and also in the state if they are interested
- The SHINE initial information encourages parents to talk with other providers, visit via a consultation if possible



# Assuring that SHINE initial services happened!

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## ■ *Perception is Reality!*

- For a uniform entry into early intervention services to work, audiologists and the state community of professionals in hearing impairment, and families, **must be assured** that families will be provided unbiased communication options, be made aware of all possible identified service providers with expertise, and that it is the family who chose services.
- Communication Plan summary is integrated into the electronic CDM form and should be submitted to the state office and child's service coordinator after the Communication Plan is completed

## Summary of completed Communication Plan:

Number of times you met or spoke by telephone with the child's family to provide SHINE initial service information, including the day the Communication Plan was completed:

	1	▼		
From:	1	▼	2007	▼
To:	1	▼	2007	▼

### Check all choices parent indicated below:

- Speech    use of hearing    English    gestures    fingerspelling    ASL  
 cued speech    manually coded English    vibrotactile    augmentative communication
- hearing aid(s) used  hours per day **or**  all waking hours  
 cochlear implant(s) used  hours per day **or**  all waking hours  
 we want our child to speak    we want our child to speak and sign  
 we want our child to sign

- The summary of the completed Communication Plan is only submitted ONE time
- It includes the length of time that SHINE initial information services were provided
- This information verifies the starting point of parent communication choice. Information on hearing aid use and communication choices will subsequently be updated during periodic CDM

The family will receive Hearing Specialist services from (choose all that apply):

- same person that provided SHINE initial information will continue ongoing services with family
- a different Hearing Specialist will serve the family in the natural environment; the person who provided SHINE initial services will continue to monitor the child's communication development via the CDM procedures
- a different Hearing Specialist will serve the family in the natural environment and will also be responsible for monitoring the child's communication development via the CDM procedures
- aural habilitation and/or speech services outside of Early Steps (i.e. AVT):

Who?

- no Hearing Specialist services will be provided because

- These last questions identify who will be responsible for submitting CDM information for the child
- Other service providers will be identified
- If there are no Hearing Specialist services that will be provided the reason why is collected (i.e., parent choice, lack of provider, etc)

# Summary of Communication Plan

## Summary of completed Communication Plan:

Number of times you met or spoke by telephone with the child's family to provide SHINE initial service information, including the day the Communication Plan was completed:

From:      
To:

### Check all choices parent indicated below:

- Speech    use of hearing    English    gestures    fingerspelling    ASL  
 cued speech    manually coded English    vibrotactile    augmentative communication
- hearing aid(s) used  hours per day **or**  all waking hours  
 cochlear implant(s) used  hours per day **or**  all waking hours  
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 a different Hearing Specialist will serve the family in the natural environment and will also be responsible for monitoring the child's communication development via the CDM procedures  
 aural habilitation and/or speech services outside of Early Steps (i.e. AVT):

Who?

- no Hearing Specialist services will be provided because

# What goes to the Service Coordinator? CDM Summary

## Part 1

### CDM Procedure Data Submission by Joey

\$\$ = no information entered for this field

#### General Information

Baseline or Review:	baseline
Submitted by:	Joey
Email:	Karen_Anderson@doh.state.fl.us
Completion Date:	9/21/07
Child Unique ID:	999
Birth Month:	10/06
Early Steps Region:	Bay Area
Hearing Loss checked for progression:	3_months
Degree of Hearing Loss - Left Ear:	41-55dB
Degree of Hearing Loss - Right Ear:	56-70dB
Gender:	Male

#### SHINE Vocabulary Checklist

Total raw score for production:	2
Percentile Rank:	45th
50th Percentile Rank occurs at age:	11

#### Language Development Scale

Highest Receptive Unit attained:	6
Highest Expressive Unit attained:	5

#### Auditory Skills Checklist

Total number of skills Acquired:	3
Total number of skills Inconsistent:	2
Total number of skills Emerging:	1

# What goes to the Service Coordinator? CDM Summary

## Part 2

Additional information about the child's progress, status or needs:

Information relevant to the IFSP review or annual IFSP can be entered here

Enter email address of child's service coordinator here:

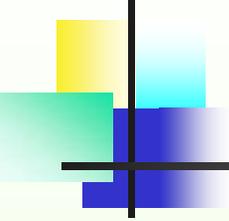
Insert other email addresses as appropriate, separated by a semicolon.

FSDB advisors also send to: strasselg@fsdb.k12.fl.us

You **MUST** have parent permission to share this information.

Print CDM

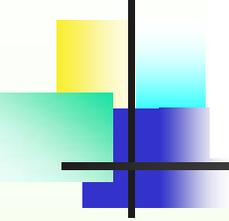
Submit CDM



# Ongoing progress monitoring

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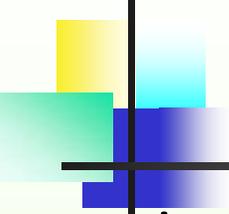
- The Hearing Specialist who provides SHINE initial information and the ongoing Hearing Specialist provider (if a different person) are part of the IFSP team
- Ongoing functional checks using the Language Development Scale and the Auditory Skills checklist can occur monthly or more/less often as the Hearing Specialist visits the family and child
- Information about child progress and any identified needs of the child/family need to be communicated routinely to the service coordinator (and other team members, primary service provider)
- Submitting the CDM can fulfill this requirement



# Updating the Communication Plan

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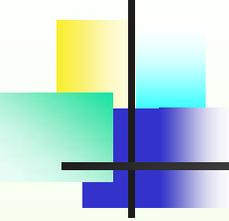
- Parent Interview Protocol items correlate with information on the Communication Plan
- Parents are in the driver's seat regarding their urgency in child development, choices for communication, priorities for their child
- Providing data to parents at regular intervals allows them to make informed choices
- Children with additional delays would be expected to learn language commensurate with their rate of development of other skills



# Summary – a Hearing Specialist:

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- is a category in the Early Steps provider enrollment system
- can hold one of multiple degrees and experience bases, including differing types and levels of communication option expertise
- typically is SKI-HI trained
- can also act in the role of the initial SHINE information provider and submit Communication Development Monitoring information
- should be available to any family of a child with hearing loss, no matter where they live in Florida



## For more information:

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- Contact the Early Steps Coordinator for Early Intervention Services for Hearing and Vision

850-245-4444 x 2269

[Karen\\_Anderson@doh.state.fl.us](mailto:Karen_Anderson@doh.state.fl.us)