

# **BEST PRACTICES FOR EARLY START FOR INFANTS AND TODDLERS WHO ARE DEAF OR HARD OF HEARING**

**Recommendations from the California Deaf and Hard of  
Hearing Early Start Workgroup**

**Project Funded by the Maternal and Child Health Bureau  
Universal Newborn Hearing Screening Grant**

**California Department of Education  
2005**

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FOR INFANTS AND TODDLERS  
WHO ARE DEAF OR HARD OF HEARING**

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# **BEST PRACTICES FOR EARLY START FOR INFANTS AND TODDLERS WHO ARE DEAF OR HARD OF HEARING**

## **Introduction**

In 1998, Christine Yoshinaga-Itano (University of Colorado, Boulder) published landmark research, demonstrating that the identification of hearing loss by six months of age, followed by appropriate intervention, is the most effective strategy for the normal development of language in deaf and hard of hearing children, regardless of the following:

- Degree of hearing loss
- Gender
- Presence of secondary disability
- Socioeconomic status
- Mode of communication chosen by the family

Yoshinaga-Itano also found that for children identified after six months of age, intervention services can prevent language delays from increasing, but are not typically successful in closing the delays in language development.

This research was the impetus behind the establishment of newborn hearing screening programs nationwide. The California Newborn Hearing Screening Program now offers hearing screening to the parents of all infants born in California Children's Services approved birthing hospitals. Since the start-up of the California Newborn Hearing Screening Program in 2000, the enrollment of infants and toddlers who are deaf or hard of hearing in California's Early Start programs has more than tripled.

It is during the first year of life that the foundations are laid for the child's development of cognition, communication, and language. These skills are essential for the later development of literacy, and academic, social, and vocational success. Parents of newly identified infants who are deaf or hard of hearing need the support of highly qualified early interventionists, who are knowledgeable of the unique needs of children with hearing loss, and who can guide them in learning the skills they need to be able to nurture their child's development during these critical first years.

The advent of Newborn Hearing Screening gives us hope of reversing the well-documented academic failure of deaf and hard of hearing children. With the advent of Newborn Hearing Screening, we have not only the opportunity, but the obligation, to provide these infants and toddlers, and their families, with appropriate Early Start services, specifically targeted to enable children who are

deaf or hard of hearing to acquire the cognition, communication, and language skills they will need to succeed in school and in life.

To help ensure that families of infants with hearing loss in California receive appropriate services, the California Department of Education established the California Deaf and Hard of Hearing Early Start Workgroup. The Workgroup was charged with the task of developing “Best Practices for Early Start for Infants and Toddlers who are Deaf or Hard of Hearing.” The purpose of the Best Practices is to provide guidance to Early Start providers, parents, and others in the appropriate provision of early intervention services to these children and their families.

The establishment of the California Deaf and Hard of Hearing Early Start Workgroup and the development of these “Best Practices” were made possible by a generous grant from the federal Maternal and Child Health Bureau.

Questions about this document may be addressed to Nancy Grosz Sager, Deaf and Hard of Hearing Programs Consultant, California Department of Education at (916) 327-3868 or [nsager@cde.ca.gov](mailto:nsager@cde.ca.gov).

## ***Overall Philosophy***

**Early Start for infants and toddlers who are deaf or hard of hearing (who may or may not have additional disabilities), and their families, is individually designed to provide services that are:**

- **Family-centered and relationship based**
- **Communication focused**
- **Sensitive to all cultures (including Deaf Culture)**
- **Respectful of all languages (including American Sign Language) and communication modes**
- **Developmentally appropriate**
- **Evidence based**
- **Disability sensitive**
- **Community based**
- **Meaningful and functional**
- **Collaborative**

## ***Identification and Referral***

- 1) Early Start establishes procedures for locating and referring infants and toddlers who are deaf or hard of hearing. Any permanent or prolonged hearing loss, regardless of degree or severity, and whether it be unilateral, bilateral, permanent, or fluctuating, may result in delays in the development of language; consequently, any infant with a confirmed permanent or prolonged hearing loss is eligible for Early Start services. (See Appendix A.)
  - a) Early Start for deaf and hard of hearing infants and toddlers establishes collaborative relationships with local health care providers, hospitals, audiologists, social service agencies, and child care programs in order to ensure that infants and toddlers with identified hearing loss are promptly referred to the appropriate Early Start program.
  - b) If a child enters Early Start with a hearing loss identified by an audiologist or a newborn hearing screening program within the last six months, additional hearing screening is contraindicated.
  - c) Early Start conducts appropriate and reliable hearing evaluations to identify infants and toddlers who may have a hearing loss. Hearing evaluations are done in accordance with procedures described in Ear-Resistable. (California Department of Education, 1998).
  - d) Infants and toddlers receive audiological assessment if hearing evaluation indicates the possibility of hearing loss.
    - i) Audiological assessment should be done in accordance with the California Department of Health Services Infant Assessment Guidelines.
    - ii) Audiological assessments for infants and toddlers with identified hearing loss should be done every three-six months, due to the dynamic nature of hearing loss in young children.

### ***Assessment of Unique Needs***

- 1) The multidisciplinary assessment of infants and toddlers with hearing loss or suspected hearing loss, including those infants and toddlers with additional disabilities, is conducted by qualified personnel knowledgeable about hearing loss. The multidisciplinary team includes, but is not limited to, an audiologist, a teacher of the deaf and hard of hearing, and a speech/language pathologist.
- 2) The multidisciplinary assessment of infants and toddlers who are deaf or hard of hearing includes evaluation of cognitive development, physical development and health (including vision) and motor development, communication development, social/emotional development, and adaptive development.
  - a) Vision assessment is critical for children who are deaf or hard of hearing. Hearing loss places increased demands on visual functioning. Visual impairments must be detected and treated to assist children who are deaf or hard of hearing in achieving their maximum potential.
- 3) Assessments are provided and administered in the child's primary or home language and preferred mode of communication, by staff who are proficient in the child's primary language and preferred mode of communication..
  - a) When it is necessary to utilize an interpreter in the assessment, the interpreter is qualified (i.e., certified), and supports the work of the qualified professional assessor.
  - b) When assessing a child whose home language is American Sign Language (ASL), the assessor should be proficient in ASL. The use of an interpreter is inappropriate in this case.
  - c) When assessing a child whose parents have chosen to communicate using any visual language or mode of communication (i.e., ASL, signed English, manually coded English, or cued English), the assessor should be proficient in the visual language or mode of communication. The use of an interpreter is inappropriate in this case.



- 4) Parents are considered part of the assessment team, and are most knowledgeable about their child's individual development. Therefore, they should be provided the opportunity to fully participate in their child's assessment in their native language.
  - a) When it is necessary to utilize an interpreter during the assessment process, qualified interpreters should be provided for parents to provide full participation in the assessment and on the Individual Family Service Plan (IFSP) team.
- 5) The assessment report identifies the unique needs of the infant or toddler related to the hearing loss, including needs for special services, materials and equipment, and accommodations in all settings.

### ***Family Centered Services***

- 1) Early Start recognizes that parent involvement is directly related to a child's success. The parents are considered to be the child's primary teacher, such that the child is receiving communication experiences in the natural environment (i.e., everyday routines, relationships, activities, places, and partnerships). Thus, Early Start provides opportunities for parent support and training.
- 2) Early Start recognizes and respects the characteristics, values, and practices of the diverse cultures of families. Staff recognizes and respects the history, beliefs, and practices of the children and families they serve.
- 3) Early Start recognizes the parents' resources, priorities, and concerns, and their desired outcomes for their children, and develops an instructional program that will support those outcomes.
- 4) Early Start creates an environment where parents feel empowered and comfortable in advocating for their children.
- 5) Early Start ensures that parents are aware of the Family Resource Centers and other appropriate parent-to-parent support specifically designed for families with young children who are deaf or hard of hearing.
- 6) Early Start ensures that parents receive information regarding communication options, which is respectful of all communication modes and supports parents in their communication choice(s).
- 7) Early Start regularly communicates with parents and provides them with information about their children's learning and development, as well as activities in the program.
- 8) The staff recognizes the role that various family members and caregivers play in promoting children's development.
- 9) Early Start has an ongoing process for involving parents and other family members, and the deaf and hard of hearing community in program development, and encourages strong collaboration between staff, parents, deaf and hard of hearing community members, and the business community.

## ***Service Delivery***

- 1) Early Start for infants and toddlers who are deaf or hard of hearing, including those with additional disabilities, has a clear statement of purpose, including desired outcomes for children. The statement addresses the critical need for equal opportunity for communication development and access.
  - a) Communication access is the ongoing availability of specific specialized instruction and opportunities a child who is deaf or hard of hearing needs to acquire language through incidental learning that takes place in the natural environment (i.e., everyday routines, relationships, activities, practices, and partnerships).
  - b) Specialized instruction may include the development of auditory skills, visual attention, peer interaction, sign language, communication skills, and stimulus response.
- 2) Early Start has a written policy on the central role of communication in the development and education of infants and toddlers who are deaf or hard of hearing, including those with additional disabilities. That policy includes the following elements:
  - a) Appropriate, early, and ongoing communication assessment
  - b) Appropriate, early, and ongoing communication development and communication access in natural environments, which means a critical mass of age and language appropriate peers and staff proficient in the child's communication mode (See Appendix B.)
  - c) Recognition of the unique nature of hearing loss, including:
    - i) Assurance that each family will have access to and information about appropriate hearing technology (e.g., hearing aids, cochlear implants, FM systems) and audiological services
    - ii) Assurance that each infant and toddler, including those with additional disabilities, will have access to communication-related services (e.g., language facilitation)
    - iii) Assurance that the home language and culture of the family are recognized
  - d) Recognition of the unique cultural and linguistic needs of infants and toddlers who are deaf or hard of hearing

- e) Recognition of American Sign Language as a distinct language of deaf people
  - f) Assurance that sign language instruction is provided on a continuing basis to families whose children use signed language
  - g) Assurance that auditory/oral skills instruction is provided on a continuing basis to families whose children use spoken language
  - h) Assurance that the Individualized Family Service Plan (IFSP) team determines services based on the identified and essential communication and other needs of the infant or toddler. The intensity of services shall be offered in accordance with the California Education Code 56426, if the child is receiving services from the local educational agency (LEA)
- 3) To more effectively serve infants and toddlers who are deaf or hard of hearing, programs and services should be provided through regionalization, as described in Communication Access and Quality Education for Deaf and Hard-of-hearing Children: The Report of the California Deaf and Hard-of-hearing Education Advisory Task Force, (California Department of Education, 1999).
- 4) Provision is made for appropriate services for deaf and hard of hearing infants and toddlers with multiple disabilities, by a credentialed teacher of deaf and hard of hearing children, a speech/language pathologist, and/or an educational audiologist, to ensure these children have equal opportunity for communication development and access.
- 5) Early Start conducts regular self-reviews to ensure continuous improvement in service delivery.
- 6) Early Start assures that staff-to-child ratios allow for the appropriate intensity of service delivery to infants and toddlers who are deaf or hard of hearing and their families, based on the individual needs of the child and family.

## ***Personnel Standards***

- 1) All Early Start personnel who work with infants and toddlers who are deaf or hard of hearing and their families reflect the ethnic, cultural, and linguistic backgrounds of the students they serve, and have the following competencies:
  - a) Knowledge of how to work with families
  - b) Ability to work collaboratively with others to meet the diverse needs of infants and toddlers with hearing loss, including those with additional disabilities
  - c) Awareness of the need for appropriate, ongoing assessment
  - d) Proficiency in the language and preferred communication mode of infants and toddlers who are deaf or hard of hearing, and their families
    - i) When it is necessary to utilize an interpreter in assessment or service provision, the interpreter is qualified/certified, and supports the work of the qualified professional assessor.
    - ii) When assessing or providing services to a child whose home language is American Sign Language (ASL), the assessor or service provider should be proficient in ASL. The use of interpreter is inappropriate in this case.
    - iii) When assessing or providing services to a child whose parents have chosen to communicate using any visual language or mode of communication (e.g., ASL, signed English, manually coded English, or cued English), the assessor or service provider should be proficient in the visual language or mode of communication. The use of an interpreter is inappropriate in this case.
  - e) Knowledge of ways to promote interactions between the school and families they serve
  - f) Commitment to ongoing professional development.
- 2) The service coordinator is appropriately trained and has skills to ensure that infants and toddlers who are deaf or hard of hearing are provided with appropriate services. The service coordinator has the skills necessary for facilitating participation of staff, parents, related professionals, and the deaf and hard of hearing community in determination of services.

- 3) A best practice model for Early Start should provide a team approach and ongoing consultation between the teacher of deaf and hard of hearing children, speech/language pathologist, audiologist, and any other service providers, as determined by the Individual Family Service Plan (IFSP) team.
- 4) Teachers providing special instruction to infants and toddlers who are deaf or hard of hearing, including those with multiple disabilities, are specifically trained and credentialed to teach deaf and hard of hearing children, are proficient in the child's preferred language and mode of communication, and have expertise in working with infants and toddlers and their families.
- 5) Speech/language pathologists providing services to infants and toddlers who are deaf or hard of hearing have expertise in working with children with hearing loss, and are proficient in the child's preferred language and mode of communication.
- 6) Audiologists providing services to infants and toddlers who are deaf or hard of hearing have expertise in working with infants and very young children who are deaf or hard of hearing, and their families, and are knowledgeable of current technology and communication options, and of the dynamic nature of hearing loss in young children.
- 7) Early Start provides annual and ongoing training (including training in developmentally appropriate and reflective practice) for all staff, to enhance infant /toddler development.

## ***Learning Environments***

- 1) Early Start promotes a safe and secure environment in which to learn and teach, consistent with standards established by the National Association for the Education of Young Children (NAEYC) ([www.naeyc.org](http://www.naeyc.org)). The environment is characterized by respect for differences, trust, caring, professionalism, support, and high expectations for each child.
- 2) Consistent services and standards prevail in all Early Start learning environments.
- 3) To the extent possible, services for infants and toddlers who are deaf or hard of hearing, and their families, should be provided to promote natural environments (i.e., everyday routines, relationships, activities, places, and partnerships), with appropriate accommodations to ensure the infant or toddler has complete access to the language of the environment.
- 4) When group services are provided, facilities are designed and maintained to enhance the provision of instruction and services to meet the unique communication, learning, and safety needs of infants and toddlers who are deaf or hard of hearing. Infant/toddler learning environments for children with hearing loss meet standards of the NAEYC, and in addition:
  - a) Have specialized materials and equipment to ensure communication development and access
  - b) Are clean, well-lit, and of adequate size
  - c) Are acoustically appropriate, as defined by the American Speech/Language/Hearing Association (ASHA) (See Appendix C.)
  - d) Are equipped with visual emergency warning lights
  - e) Provide adequate space for one-on-one instruction (by teachers, speech and language specialists, and others) that is clean, well-lit, acoustically appropriate, and of adequate size for instruction and for storage of instructional materials
  - f) Provide appropriate, early, and ongoing communication development and communication access, which means a critical mass of age and language appropriate peers and staff proficient in the child's communication mode
- 5) A full range of program and communication options are considered in the provision of services to infants and toddlers who are deaf or hard of hearing.

- 6) Training is provided to child-care centers, infant-toddler programs, Early Head Start programs, and others serving infants and toddlers who are deaf or hard of hearing, regarding accommodations, modifications of the curriculum, and understanding of the impact of hearing loss on communication development.
- 7) In the case that the child's unique language and communication needs cannot be met in the natural environment, the Individual Family Service Plan (IFSP) team documents a justification for the provision of services in an alternate learning environment. Justifications for serving infants and toddlers who are deaf or hard of hearing in a specialized center based program include the following:
  - a) Socialization with a critical mass of language mode peers
  - b) Communication access (e.g. acoustically appropriate classrooms, staff proficient in the children's language or mode of communication, visual emergency warning systems)
  - c) Deaf and hard of hearing role models, including Deaf adults who are native users of American Sign Language
  - d) Specialized parent training (e.g. instruction and coaching in strategies that promote the development of oral language or signed language, or both, in the home)
  - e) Centralized resources (i.e. video materials, literature)
  - f) Highly qualified staff specifically trained in instructional strategies that promote the development of language and early literacy for children who are deaf or hard of hearing
  - g) Monitoring of amplification by qualified staff



### ***Curriculum and Instruction***

- 1) Curriculum and instruction for infants and toddlers who are deaf or hard of hearing, including those with multiple disabilities, are family focused, developmentally appropriate, and focused on the development of communication skills and linguistic competence to ensure later academic, social, and vocational success.
- 2) Curriculum for infants and toddlers who are deaf or hard of hearing aligns with standards of the National Association for the Education of Young Children (NAEYC).
- 3) Appropriate, ongoing, one-on-one assessment is used to measure individual growth and development of infants and toddlers who are deaf or hard of hearing.

### ***Transition to Part B (Preschool) Services***

- 1) Beginning at age two years six months, toddlers who are deaf or hard of hearing are provided with appropriate transition services, conducted in accordance with Title 17, California Code of Regulations, Section 52112, including the following:
  - a) Recognition, at age three, that determination of eligibility for Part B IDEA services for a child who is deaf or hard of hearing does not require the demonstration of a discrepancy between ability and educational performance
    - i) Any child with an identified hearing loss should continue to be monitored by a speech/language pathologist or teacher of deaf and hard of hearing children, or both, to ensure that the child continues to meet developmental milestones in all areas, including speech and language.
    - ii) Preschool staff should receive in-service from the teacher of deaf and hard of hearing children or speech/language pathologist, or both, on strategies to support and enhance the listening environment.
  - b) Assurance that, at the time of transition to preschool, the Individualized Education Program (IEP) team includes a credentialed teacher of the deaf and hard of hearing, and the IEP team determines eligibility for preschool services based on the identified and essential communication needs of the child who is deaf or hard of hearing, in order to prevent the hearing loss from adversely affecting educational performance. The closing IFSP team meeting is best held in conjunction with the initial IEP team meeting.
  - c) Assurance that, at age three, the IEP team determines eligibility and services based on the identified and established needs of the child, including the need for access to full communication, in order to prevent the hearing loss from adversely affecting educational performance.
  - d) Assurance that, at the time of transition to Part B Preschool services, the essential communication needs of the child are considered and provided for in the IEP, regardless of the presence of additional disabilities, and regardless of the IEP team's determination of "primary" disability.

## **Appendix A**

### **Early Start Referrals Guidelines for Audiologists**

**Recommendations from the California Department  
of Education and the Department of Health  
Services**

### **Early Start Referrals Guidelines for Audiologists**

	Mild	Moderate	Moderate-Severe	Severe	Profound
<b>Unilateral Hearing Loss</b>	Refer to Early Start only if middle ear assessment indicates a sensorineural component	Refer to Early Start only if middle ear assessment indicates a sensorineural component	* Refer to Early Start	* Refer to Early Start	* Refer to Early Start
<b>Bilateral Hearing Loss</b>	Refer to Early Start only if middle ear assessment indicates a sensorineural component	Refer to Early Start only if middle ear assessment indicates a sensorineural component	* Refer to Early Start	* Refer to Early Start	* Refer to Early Start
<b>Atresia</b>	Refer ALL infants with Atresia to Early Start				
<b>Auditory Neuropathy/ Dys-synchrony</b>	Refer ALL infants with Auditory Neuropathy/Dys-synchrony, regardless of type and severity of hearing loss				
<b>Unilateral or Bilateral Prolonged Conductive Loss</b>	Refer infants with long term (3 months or more) or permanent conductive hearing loss				
<b>Speech Delay</b>	Refer ALL children with speech delay and hearing loss, regardless of type and severity.				

## Appendix B

### Natural Environments for Deaf and Hard of Hearing

Infants, Toddlers, and Preschoolers

Presented at the February 5, 2000 SEECAP Conference

Nancy Grosz Sager

Deaf and Hard of Hearing Programs Consultant

California Department of Education

“Communication is at the heart of everything human beings do; it defines and gives meaning to our emotions, beliefs, hopes, creativity, and life experiences. Without communication, a child is lost. The effective development, understanding, and expression of language are fundamental to any educational experience and are particularly crucial for deaf and hard-of-hearing children... Because of their unique communication needs, deaf and hard-of-hearing children are distinct from all other children with disabilities... This distinction is fundamental and separates deaf and hard-of-hearing children from others in the educational world. “Communication Access and Quality Education for Deaf and Hard-of-Hearing Children: The Report of the California Deaf and Hard-of-Hearing Education Advisory Task Force, California Department of Education, 1999

California’s Deaf and hard of hearing community is concerned about the implications of “natural environments” for infants and toddlers who are deaf or hard of hearing. Many deaf and hard of hearing infants are currently served in center-based programs with other deaf and hard of hearing students. These center-based programs provide deaf and hard of hearing infants and toddlers with intensive language intervention and with direct communication access to staff and peers. Without access to these rich language environments, many deaf and hard of hearing children will suffer communication isolation and language delays that will negatively impact their ability to succeed later in life.

In 1992, the United States Department of Education issued a policy statement regarding Deaf Students Education Services (Federal Register at Fed. Reg. 49274, October 31, 1992), stating “...the communication nature of the disability is inherently isolating, with considerable effect on the interaction with peers and teachers that make up the educational process. This interaction, for the purpose of transmitting knowledge and developing the child’s self-esteem and identity, is dependent upon direct communication. Yet, communication is the area most hampered between a deaf child and his or her hearing peers and teachers. Even the availability of interpreter services in the educational setting may not address deaf children’s needs for direct and meaningful communication with peers and teachers. Because deafness is a low incidence disability, there is not widespread understanding of its educational implications, even among special

educators. This lack of knowledge and skills in our education system contributes to the already substantial barriers to deaf students in receiving appropriate educational services.”

Both California Education Code (E.C. 56345(e), 1994) and IDEA '97 (Sec. 1414(d)(3)(B)(4)) contain special consideration language regarding students who are deaf or hard of hearing, and require the IEP team to consider the unique communication needs of the student when determining what constitutes the Least Restrictive Environment for that child. This special consideration language was necessary in order to protect the right of deaf and hard of hearing children to receive educational services in an environment that provides them with appropriate, direct, and ongoing language access to special education teachers and language mode peers. The requirement that educational services be delivered in the regular education setting unless a “rationale” is written into the IEP to explain why services are provided elsewhere, did not provide adequate assistance and direction to IEP teams in determining Least Restrictive Environments for deaf and hard of hearing students.

It is highly unlikely that the authors of these laws intended that only deaf and hard of hearing children three years of age and older have the right to have their unique communication needs met. Just as it became necessary to write special considerations for deaf and hard of hearing children into both state and federal law, to clarify what constitutes the Least Restrictive Environment for deaf and hard of hearing students ages three to twenty-two, it is important that the same special considerations be taken into account when considering what constitutes a “natural environment” for an infant or toddler who is deaf or hard of hearing. In fact, the Deaf and hard of hearing community has urged the federal government to redefine the term “natural environment” as it applies to these children, rather than requiring the IFSP team to write a justification explaining why services for a deaf or hard of hearing infant or toddler are being provided outside of a “natural environment”. Both the American Society for Deaf Children and the California Deaf Education Coalition have requested of OSERS that the special consideration language for children who are deaf or hard of hearing be applied to the definition of natural environments for infants and toddlers.

The unique needs of deaf and hard of hearing infants and toddlers were supported by Thomas Hehir, United States Office of Special Education Programs. During the 1999 national teleconference IDEAs That Work, he stated, “Natural environments is not necessarily the home. It can be any number of environments. For instance, once someone asked me if, for instance, a program that is all deaf children, is working on language development with deaf children, so that deaf children have peers that they can communicate with, is a natural environment. *I would clearly call that a natural environment for those kids under those circumstances.*”

Dr. Alice Parker, California Director of Special Education, has also supported the need to consider the unique communication needs of infants and toddlers who are deaf or hard of hearing. In a letter to Thomas Irvin, OSERS (April 9, 1999), she stated, "For children who are hearing impaired, the acquisition of language is linked to the environment in which they have constant exposure to and interaction with a variety of individuals who are fluent in their language and language mode. This may not be an environment 'in which children without disabilities participate' but it is the natural environment for the hearing impaired child...We would suggest that the justification that will be written for these children, consider that there are 'special factors' such as in 614(d)(3)(B) of IDEA, that may require some children to be in specialized environments without children who are not disabled and remain in that environment until three years of age. The special factors clause should apply to children with low incidence disabilities under three as well as those children over three."

**Appendix C**

**American Speech-Language-Hearing Association  
(2005)**

**Acoustics in Educational Settings:  
Position Statement**

**Available at:**

**<http://www.asha.org/members/deskref-journals/deskref>**

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# Acoustics in Educational Settings: Position Statement

## *ASHA Working Group on Classroom Acoustics*

*This position statement was developed by the American Speech-Language-Hearing Association's (ASHA's) Working Group on Classroom Acoustics. It was approved by ASHA's Legislative Council in 2004. Members of the Working Group on Classroom Acoustics include Karen A. Anderson, Susan Brannen (vice president for professional practices in audiology, 2001–2003), Carl C. Crandell, Peggy B. Nelson, Anne Seltz, Joseph Smaldino, and Evelyn J. Williams, (ex officio).*

The American Speech-Language-Hearing Association (ASHA) recommends an appropriate acoustical environment for all students in educational settings. Therefore, ASHA endorses *ANSI S12.60-2002 Acoustical Performance Criteria, Design Requirements, and Guidelines for Schools* (ANSI S12.60-2002) as the national standards for classroom acoustics. It is well recognized that the acoustical environment in a classroom or other educational environment is a critical variable in the academic, psychoeducational, and psychosocial development of children with normal hearing as well as children with hearing loss and/or other disabilities (e.g., auditory processing disorders, learning disabilities, attention deficit disorders). Inappropriate levels of reverberation and/or noise can deleteriously affect speech perception, reading/spelling ability, classroom behavior, attention, concentration, and educational achievement. In addition to compromising student function, poor classroom acoustics may also negatively affect teacher performance and increase vocal pathologies and absenteeism. Thus, all educational settings have an incentive to develop acoustical conditions that meet national standards. For children with hearing loss and/or other disabilities, the acoustics of the proposed educational setting(s) should be considered and addressed during the determination of a child's educational needs and placement. Acoustical factors in a classroom include: (1) the level of the background (ambient) noise in the room; (2) the relative intensity of the information carrying components of the speech signal to the non-information carrying signal or noise (i.e., signal-to-noise ratio [SNR]); and (3) the reverberant characteristics of the environment. To achieve appropriate acoustical conditions in an educational setting, ASHA recommends the following:

1. Unoccupied classroom noise levels must not exceed 35 dBA.
2. The signal-to-noise ratio (SNR) should be at least +15 dB at the child's ears.
3. Unoccupied classroom reverberation times must not surpass 0.6 seconds in smaller classrooms (< 10,000 ft<sup>3</sup>) or 0.7 seconds in larger rooms (>10,000 ft<sup>3</sup> and <20,000 ft<sup>3</sup>).

It is important to note that these acoustical criteria are essentially identical to the recently approved ANSI Standard on classroom acoustics. Additionally, ANSI S12.60-2002 provides acoustic guidelines for learning spaces greater than 20,000 ft<sup>3</sup>. It is imperative that all new construction adhere to the acoustical criteria indicated above and stipulated in ANSI S12.60-2002. The fundamental strategy for improving acoustics within existing classrooms is acoustical modification of that environment. Acoustical measurement and/or modifications of educational settings should be multidisciplinary in nature and conducted by trained qualified professionals, such as audiologists, architects, and acoustical engineers. It is important to realize that these acoustical criteria are considered minimal. Some students, for example those with hearing loss, may require further signal enhancement technology. For additional information on acoustical criteria and hearing assistive technology, see ASHA's *Acoustics in Educational Settings: Technical Report and Guidelines for Addressing Acoustics in Educational Settings*.

## Appendix D

### **Services for Infants and Toddlers with Unilateral Hearing Loss**

#### **Recommendations from the Unilateral Hearing Loss Subcommittee California Deaf and Hard Of Hearing Early Start Workgroup**

- 1) Infants and toddlers with unilateral hearing loss are eligible for Early Start services, for the following reasons:
  - a) Parents of these children need information, support, and reassurance.
  - b) Unilateral hearing loss is an established risk condition that may make a child at-risk of the following:
    - i) Language delay or school failure, or both, particularly if the child has a history of middle ear infections in one or both ears
    - ii) Progressive hearing loss
    - iii) Bilateral hearing loss
    - iv) Other disabilities (Hearing loss may be an indicator of other disabilities.)
- 2) Infants and toddlers with unilateral loss should be assessed by a team of qualified professionals, including but not limited to:
  - a) Audiologist
  - b) Early Start teacher of deaf and hard of hearing children
  - c) Speech/Language pathologist
  - d) Health professional
  - e) Others as deemed necessary after initial interview with parents
- 3) The assessment of infants and toddlers with unilateral hearing loss should be identical to the assessment of any child referred to Early Start.
  - a) Assessment is done in five required domains.
  - b) Assessment is conducted in the family's language.

- 4) Services for infants and toddlers with unilateral hearing loss should provide the following:
  - a) Ongoing assessment and monitoring of development using an appropriate developmental checklist (See Appendix B.)
  - b) More intensive services at any time ongoing assessment and monitoring indicates need
  - c) Information, support, and reassurance for the parents
  - d) Assurance that parents keep audiological appointments and share results for educational programming
- 5) Information given to parents of infants and toddlers with unilateral hearing loss should include information about the following:
  - a) How to understand the hearing screening process and hearing tests
  - b) Unilateral hearing loss and implications of unilateral hearing loss
  - c) Strategies to ensure the child access to an optimal listening environment
  - d) Strategies to support and enhance communication between parents and child
  - e) Hearing conservation to protect the better ear
  - f) The importance of keeping audiological appointments
  - g) Child development (i.e., the First Five Kit)
  - h) The importance of early literacy
- 6) At the time of transition to preschool:
  - a) Any child with an identified hearing loss should continue to be monitored by a speech/language pathologist or teacher of deaf and hard of hearing children to ensure that the child continues to meet developmental milestones, including in the area of speech and language.
  - b) Preschool staff should receive in-service from the teacher of deaf and hard of hearing children or speech/language pathologist on strategies to support and enhance the listening environment.

## Appendix E

### Informal Observational Assessment of Hearing

Child's name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of birth: \_\_\_\_\_

According to:	Parent's Report	Observation	Notes
Does/Did the child:	Y/N	Y/N	
<b><i>By 6 months of age</i></b>			
Coo?			
Produce some sounds?			
Startle or cry at loud noises?			
Listen to speech?			
Use cries, sounds, and/or gestures to indicate wants?			
<b><i>By 9 months of age</i></b>			
Localize to speech or environmental sounds?			
Attend to music or singing?			
<b><i>By 12 months of age</i></b>			
Babble using a variety of sounds ( <i>baba, dada</i> ) and intonation patterns?			
Recognize word for common objects ( <i>cup, shoe, juice</i> )?			
Respond to own name?			
Use speech, sounds, and/or crying to get attention?			
<b><i>By 18 months of age</i></b>			
Use speech that is mostly difficult to understand?			
Use 3 to 20+ words which are primarily nouns? Follow simple commands ("Get the ball." "Come here.")?			
Express wants/needs using gestures and vocalizations?			

Child's name: \_\_\_\_\_

According to:	Parent's Report	Observation	Notes
Does/Did the child:	Y/N	Y/N	
<b>By 24 months of age</b>			
Speak so that he or she can be understood approximately 25% to 50% of the time?			
Use 50 to 100+ words?			
Understand 300+ words?			
Enjoy listening to stories?			
Begin using two-word phrases ("More cookie." "Mommy play.")?			
<b>By 36 months of age</b>			
Follow two-stage commands?			
Speak so that he or she can be understood 50% to 75% of the time?			
Use 50 to 250+ words?			
Understand 500 to 900+ words?			
Understand most things which are said to him or her?			
Use three- and four-word phrases?			
<b>By 3-4 years of age</b>			
Speak so that he or she can be understood 80% of the time?			
Use 800 to 1,500+ words?			
Understand 1,200 to 2,000+ words?			
Answer simple <i>who</i> , <i>what</i> , <i>where</i> , and <i>why</i> questions?			
Use four- to six-word sentences?			

Child's name: \_\_\_\_\_

According to:	Parent's Report	Observation	Notes
Does/Did the child:	Y/N	Y/N	
<b>By 4-5 years of age</b>			
Speak so that he or she can be understood most of the time?			
Use 900 to 2,000+ words?			
Understand 2,800+ words?			
Pay attention to a story and answer questions regarding the story?			
Use four- to eight-word sentences; begin to use a lot of detail?			

Completed by: \_\_\_\_\_

Date(s): \_\_\_\_\_