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POSTCARDS FROM ORLANDO
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“It’s really changed the CLARITY of how he speaks.”

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It’s the most wonderful thing for him to be able to understand other people and for other people to be able to understand him. I want him to be able to speak as clearly as possible and be as independent as possible.”

Samantha, mother of 6-year-old Frankie

Learn more about Oticon Safari - the first truly dedicated family of hearing instruments for children of all ages! Contact your hearing care professional or visit www.oticonusa.com/children.
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Want to Write for Volta Voices?

Submissions to Volta Voices
Volta Voices welcomes submissions from both AG Bell members and nonmembers. The magazine is published six times annually. Its audience consists of individuals who are deaf or hard of hearing, parents of children who are deaf or hard of hearing and professionals in fields related to hearing loss (audiology, speech-language pathology, psychology, otology, social services, education).

Visit the Volta Voices page at www.agbell.org for submission guidelines and to submit content.

Subjects of Interest
- Technology – related to hearing loss, new technology, improvements to or problems with existing technology, or how people are using existing technology, accommodations.
- Education – related to public or private schools through post-secondary education, new approaches and teaching methods, legal implications and issues, etc.
- Advocacy – information on legislation, hearing health, special or mainstream education, and accessibility.
- Health – audiology issues relating to children or adults with hearing loss and/or their families and friends.
- Action – stories about people with hearing loss who use spoken language as their primary mode of communication; deafness need not be the focal point of the article.

Editorial Guidelines
The periodicals department reserves the right to edit material to fit the style and tone of Volta Voices and the space available. Articles are selected on a space-available and relevancy basis; submission of materials is not a guarantee of use.

Transfer of Copyright
The revised copyright law, which went into effect in January 1978, provides that from that time a manuscript is written, statutory copyright is vested with the author(s). All authors whose articles have been accepted for publication in Volta Voices are requested to transfer copyright of their articles to AG Bell prior to publication. This copyright can be transferred only by written agreement. Without copyright ownership, the Alexander Graham Bell Association for the Deaf and Hard of Hearing cannot issue or disseminate reprints, authorize copying by individuals and libraries, or authorize indexing and abstracting services to use material from the magazine.

Art Submission Guidelines
Volta Voices prefers digital images over original artwork. When submitting electronic files, please provide them in the following formats: TIFF, EPS or JPG (no BMP or GIF images). Digital images must be at least 300 dpi (at size).

Submit Articles/Items to:
Volta Voices
Alexander Graham Bell Association for the Deaf and Hard of Hearing
3417 Volta Place, NW, Washington, DC 20007
Email: editor@agbell.org
Submit online at www.agbell.org

Letters to the Editor
Let us know how we are doing. Write a Letter to the Editor, and you could see your comment in the next issue.

Media Kit
Visit www.agbell.org and select “About AG Bell” for advertising information.
In this, my first column as president of AG Bell, I’d like to take a moment and congratulate all of our convention sponsors, attendees (large and small), exhibitors, volunteers and presenters for helping make the AG Bell 2010 Biennial Convention a huge success. I can truly say that this, my 16th AG Bell convention, was by far the best as far as location, programming, social events and networking for parents, professionals and individuals who are deaf or hard of hearing. I would also like to again congratulate Inez Janger for receiving the Honors of the Association award as well as Joanna Nichols and the Children’s Hearing Foundation in Taiwan for receiving the Volta Award. Alana Nichols, an alumna of AG Bell’s Leadership Opportunities For Teens (LOFT) program, gave a wonderful acceptance speech on behalf of her mother, who passed away in 2001, and the Children’s Hearing Foundation. And Michael Janger’s presentation of his mother’s remarks was truly inspiring.

I’d like to thank past presidents Jay Wyant (2008-2010) and Karen Youdelman (2006-2008) for their friendship, guidance and advice as I transition into the role of AG Bell president. Their leadership over the past few years as AG Bell undertook major initiatives in reorganizing its structure and governance has given me the confidence I have today to take over in their stead.

Thank you, Karen and Jay.

The next two years serving as your president will undoubtedly be the highlight of my life-long relationship with this association. AG Bell and I go back a long way. My mother joined the association in the early 1970’s and wrote a book entitled Watch My Words about the experience of raising two children (myself and my brother) who were deaf. When I was in college, I received the Elsie Bell Grosvenor and the Volta scholarships. In the early years of my career as a teacher, AG Bell gave me a peer-to-peer network of teachers, speech-language pathologists and audiologists who were working with children who were deaf or hard of hearing. As a person living with hearing loss, AG Bell has meant so much to me thanks to the deep and meaningful friendships I have made.

As I transition to the role of president, I am struck by how AG Bell’s mission of Advocating Independence through Listening and Talking has never been more relevant. Today’s advanced hearing technology has led to more and more families yearning for listening and spoken language for their children. We have a defined credential so that families and individuals with hearing loss know what to ask for in their search for professional support – a listening and spoken language specialist – and while I know some of us have been working in the classroom and some of us have been working in a clinical or therapeutic setting, I know we are all committed to every child meeting their potential in listening and spoken language.

While our mission has never been more relevant, it has also never been more necessary. Even today, families and their children are still falling through the gap, often misinformed and uninformed. These families are inundated with information and decisions that have to be made that will affect their child’s life for years to come. I can also say as a public school administrator that professionals are experiencing similar pressures. How AG Bell answers the call to help close that gap will be my focus for the next two years.

In the next 18 to 24 months, AG Bell will continue its dedication to providing the most comprehensive resources for individuals of any age who are deaf or hard of hearing that seek a listening and spoken language outcome. We will be launching a web-based resource, a “knowledge center” so to speak (excuse the pun), that will provide the best access to the most complete information on listening and spoken language to anyone who wants it. The knowledge center will provide an essential platform to expand awareness of listening and spoken language services to those most in need, with information in both English and Spanish and captioning for audio/video-based materials. It will provide free resources about communication options, financial aid, insurance reimbursement issues, self-advocacy, independent...
VOICES FROM AG BELL

schools, public school programs and a host of other resources that will stay fresh, informative and relevant.

But while technology is at the heart of our mission both in terms of hearing assistive devices and how we as an organization will deliver much-needed services, it takes people to transform the lives of other people. The fulfillment of AG Bell’s mission must include outreach to families from underserved or hard-to-serve populations. We must reach out to stakeholders and decision makers in early intervention, education, health care and public policy. And we will do this by sharing our knowledge and experience in a collaborative approach that leads stakeholders and decision makers to a better understanding of what it takes for an individual with hearing loss to learn to listen and talk. We need to activate our parents and professionals as subject matter experts, and our children and adults who are deaf or hard of hearing as our ambassadors. The target for this outreach effort will be school boards, state and district directors of special education, school-based speech-language pathologists and audiologists, and program directors of early intervention agencies. Our approach will be designed to raise awareness and build collaborative opportunities about how schools and early intervention agencies can provide appropriate listening and spoken language resources for children who are deaf or hard of hearing, and we will employ the AG Bell Academy's nine domains of listening and spoken language, as well as the regulatory framework of the Americans with Disabilities Act, Early Hearing Detection and Intervention, Individuals with Disabilities Education Act and No Child Left Behind, to support the case for why changes in the current approach by public systems would benefit children and the agencies that serve them.

I am truly humbled to assume the role as AG Bell President. It is my commitment to all of you and to the larger community of individuals who are deaf or hard of hearing that I will promote a progressive and collaborative environment to effect change and promote awareness of the endless possibilities that exist today for each and every one of us.

Sincerely,

Kathleen Treni
President

QUESTIONS? COMMENTS? CONCERNS?
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Or email us: editor@agbell.org

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October 8
Strategies for Mainstream Teachers

October 21–22
Children with Cochlear Implants and/or Hearing Aids: Auditory Rehabilitation Using the SPICE Curriculum

November 5
Early Intervention for Children with Hearing Impairment

4 VOLTA VOICES • JULY/AUGUST 2010
This issue of Volta Voices marks the inaugural column of AG Bell President Kathleen Treni, who will serve as president for the next two years. Her vision for the future of AG Bell is truly inspiring so don’t miss out on her foreword.

AG Bell recently concluded its 49th biennial convention. The convention brings together individuals who are deaf or hard of hearing, their families and the professionals who serve them to celebrate the success and future of listening and spoken language opportunities. In “Endless Possibilities,” AG Bell Director of Communications and Public Affairs Catherine Murphy and AG Bell member Elizabeth Boschini recap 3½ days of programs and events convention attendees experienced in Orlando.

For parents and educators, this issue features three articles that will help you plan for the upcoming school year. In “Learning Through Singing,” Jeannette Castro Hachmeister shares her strategies for using music and song to develop literacy and language skills and provides readers, whether a teacher or parent of a child with hearing loss, with songs they can start using in their lives as well. In “Building Bridges,” Kelly Kodadek O’Connell gives tips for how she, as an itinerant teacher of the deaf, helps coordinate services for her students prior to the start of the school year, leading to an increased likelihood of success throughout the year. For students with hearing loss who are about to enter or currently in college, “Entry Point!” is an inside look at an internship program that provides paid learning opportunities with companies in the science, technology, engineering and mathematics fields.

In addition, Dipika Chawla reviews an innovative way of providing services to individuals who are deaf or hard of hearing. “Distance Learning” profiles the “I Hear” distance therapy program recently launched by the St. Joseph’s Institute for the Deaf to provide listening and spoken language therapy to children and families in remote locations.

Finally, this issue’s columns provide ample amounts of discussion. In “Tips for Parents,” Tiffani Hill-Patterson talks with Jennifer Rosner about her book If a Tree Falls and about Rosner’s experience raising two children who are deaf and learning to talk. In “Conversations,” AG Bell Executive Director Alex Graham talks with Nick Fina about the work he is doing in Delaware to provide resources for families who choose listening and spoken language communication for their child with hearing loss. Paul Jacob’s column, “Psychosocial Potential Maximization,” returns with a discussion on personal and professional social skills and relationship maintenance. Finally, Volta Voices has reinvented its “Around the World” column to feature the voices of individuals with hearing loss. This iteration of the new “Hear Our Voices” column features a poem about the beauty of sound and a young man’s narrative about strategies he has employed to be successful in a mainstream educational setting. We encourage and welcome all submissions from children, teens and young adults for this special space dedicated just to them. If you have something to say, please email us at editor@agbell.org.

Thank you for reading. As always, if you have a story idea or would like to submit an article for publication, please contact AG Bell at editor@agbell.org with your comments and suggestions.

Best regards,

Melody Felzien
Editor, Volta Voices

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Elizabeth Boschini, co-author of “Endless Possibilities,” is a graduate student in speech-language pathology with an emphasis in listening and spoken language for children with hearing loss at Fontbonne University in St. Louis, Mo. Boschini is the author of two children’s books featuring characters with cochlear implants, “Ellie’s Ears” and “Happy Birthday to My Ears.” She writes for Cochlear Implant Online (www.cochlearimplantonline.com) and is co-founder and moderator of Deaf Village (www.deafvillage.com). She can be contacted at myheartlistens@gmail.com.

Dipika Chawla, author of “Distance Learning,” “Entry Point!” and co-author of “SoundBites,” was an editorial assistant at AG Bell. She recently graduated from Georgetown University’s School of Foreign Service with a degree in international culture and politics that focused on social sciences.

Alexander T. Graham, author of “Conversations,” is the executive director of AG Bell. He has a bachelor’s degree from Lynchburg College in Lynchburg, Va., and masters’ degrees in organizational effectiveness and business administration from Marymount University in Arlington, Va. His late mother had a hearing loss as a result of a childhood illness. He can be contacted at agraham@agbell.org.

Jeanette Castro Hachmeister, author of “Learning through Singing,” is currently a teacher at the Learning Center at Child’s Voice School, an OPTION school in Wood Dale, Ill., that focuses on listening and spoken language for children who are deaf or hard or hearing. Hachmeister received the 2009 Golden Apple Award, which recognizes outstanding teachers in the Chicago, Ill., area. She and her students talk and sing all day long. She can be contacted at jhachmeister@childsvoice.org.

Paul Gordon Jacobs, Ph.D., author of “Psychosocial Potential Maximization,” works for the Institute of Social Participation at La Trobe University in Australia. Profoundly deaf since age 5, Dr. Jacobs is the author of “Neither-Nor: A Young Australian’s Experience with Deafness” (available from Gallaudet University Press). Please visit Dr. Jacobs’ columns and discussion forums online at http://nc.agbell.org/netcommunity/Psychosocial_Potential_Maximization.

Tiffani Hill-Patterson, author of “Tips for Parents,” is a freelance writer, newspaper copy editor, sports enthusiast and cochlear implant awareness advocate. She has a bachelor’s degree in journalism from the University of North Alabama. She lives in Harvest, Ala., with her husband, Ryan, and daughter, Riley, a bilateral cochlear implant user. Patterson can be contacted at patterson1723@mac.com.

Catherine Murphy, co-author of “Endless Possibilities,” is director of communications and public affairs at AG Bell. Murphy received her bachelor’s in communications from Ohio State University. Her brother, Michael, was born profoundly deaf and recently received a cochlear implant. She can be contacted at cmurphy@agbell.org.

Kelly Kodadek O’Connell, M.E.D., author of “Building Bridges,” is an educational consultant for listening and language at CREC Soundbridge in Wethersfield, Conn. She graduated from Smith College with a master’s in education of the deaf. O’Connell is a board member of Hear Here Hartford and is currently working toward a certificate in educational leadership.
Research Access At Your Fingertips

For over 110 years, The Volta Review has been the preeminent scholarly research and scientific journal in the field of hearing loss and listening spoken language. As one professional noted,

I look forward to reading and sharing information in The Volta Review with the families with whom I work. I feel assured that the information has been reviewed with the scrutiny of peer review and is valid and up-to-date. I view it as a major source of influence and education for all professionals and families dealing with or with interests in issues related to hearing loss.

AG Bell is pleased to offer online access for members to recent issues of The Volta Review. To access the online archives, visit www.agbell.org/TheVoltaReview.
AG Bell Announces New Board Members for 2010-2012 Term

Donald M. Goldberg, Ph.D., CCC-SLP/A, FAAA, LSLS Cert. AVT, has been selected by the AG Bell Board of Directors as the association’s president-elect for the 2010-2012 term. Goldberg currently serves as president of the AG Bell Academy for Listening and Spoken Language. He is co-director of the Hearing Implant Program at the Cleveland Clinic and is a world leader in the assessment of infants, toddlers, preschoolers, school-age children and adult patients who are deaf or hard of hearing, and the auditory-based (re)habilitation of patients who are recipients of unilateral or bilateral (both simultaneous and sequential) cochlear implants. He will officially become president of AG Bell in June 2012.

In addition, the AG Bell board appointed Meredith K. Knueve, Esq., as the Secretary-Treasurer for the 2010-2012 term. Knueve is a senior attorney in the tax, trusts and estates group at the law firm of Brickler & Eckler in Columbus, Ohio, and has a 4-year-old son who uses bilateral cochlear implants. Knueve served as secretary of the board of directors for the AG Bell Ohio Chapter and is active in other nonprofit capacities, specifically organizations related to hearing loss. She officially assumes the role in June 2010.

On May 21, 2010, Rachel Arfa was elected by a membership vote to the AG Bell Board of Directors for the 2010-2012 term. Arfa has been part of the AG Bell community since the age of 4 when her parents joined AG Bell following her diagnosis of a profound hearing loss. She has volunteered with AG Bell in many capacities over the years, most recently as a member of the AG Bell Public Affairs Council and on the Education Committee for the AG Bell 2010 Biennial Convention.

Finally, Cheryl Dickson, M.Ed., LSLS Cert. AVT, joined the AG Bell board as a member after assuming the role of president of the AG Bell Academy for Listening and Spoken Language board of directors in June 2010. Dickson, a resident of New South Wales, Australia, was the first professional in Southeast Asia to be certified as an auditory-verbal therapist. Dickson runs a private practice in listening and spoken language therapy in Sydney, Australia, and serves as clinical director for The Hearing House in Auckland, New Zealand.

Movie Captioning Access Update

Recently, there have been two major court rulings in movie captioning access. On April 30, 2010, a unanimous, three-judge panel of the U.S. Court of Appeals for the Ninth Circuit ruled that the current language of the Americans with Disabilities Act (ADA) does require closed-captioning access in movie theaters (i.e., captions that can only be seen by the patron), but not open captioning services (i.e., captions that can be seen by the entire audience). This is the second time a federal court has ruled that the ADA requires some captioning access, and the first time that a federal court of appeals has overturned a lower court decision in favor of captioning access. AG Bell filed an amicus brief in support of the appeal in late 2008. The decision is binding in Alaska, Arizona, California, Hawaii, Idaho, Montana, Nevada, Oregon and Washington. As a result of this ruling, additional lawsuits in other states may soon follow and the U.S. Department of Justice may revisit its interpretive regulations regarding captioning. To view a copy of the Ninth Circuit’s decision, visit www.ca9.uscourts.gov/datastore/opinions/2010/04/30/08-16075.pdf.

On May 4, 2010, a state judge in Washington state ruled that Washington State Disability Access Law requires theaters to provide accommodations for patrons who are deaf or hard of hearing. Because the Washington State Disability Access Law is broader than ADA, it is possible that Washington will require open captioning as an accommodation. However, at a minimum the theaters will almost certainly have to
provide closed captioning for patrons in Washington who request it. To view the Washington court order, visit www.hearinglosslaw.com/uploads/file/Court%20order.pdf. Stay tuned to AG Bell Update and www.agbell.org for updates and developments in these and future cases.

“Good Morning America’s” Video of the Week
On June 2, 2010, ABC’s “Good Morning America” selected a YouTube video of 8-month-old Jonathan having his cochlear implant activated for the first time as its “Video of the Week.” Although the video was originally posted two years ago, it is only within the last few weeks that it has gained significant attention, receiving over 2 million hits as of this printing. Visit www.agbell.org to access a link to the clip.

EHDI Reauthorization Act Introduced in the Senate
On April 14, 2010, Senators Olympia Snowe (R-ME) and Tom Harkin (D-IA) introduced bipartisan legislation to reauthorize the Early Hearing Detection and Intervention (EHDI) Act (S. 3199), originally passed in 1999. AG Bell has been advocating for this legislation as a member of the Deaf and Hard of Hearing Alliance. A companion bill passed the House of Representatives last year. Stay tuned to AG Bell Update for action alerts on this important legislation.

Senate Hearing on Equal Access to 21st Century Communications Act
On May 26, 2010, the U.S. Senate Committee on Commerce, Science and Transportation held a hearing in its Communications Technology and Internet Subcommittee on “Innovation and Inclusion: The Americans with Disabilities Act at 20.” Chaired by Senator John Kerry (D-MA),
The North Carolina Chapter is pleased to announce that on June 7, 2010, North Carolina Governor Bev Perdue signed into law a requirement that hearing aids for children and teens through the age of 21 be covered by North Carolina health benefit plans, including the North Carolina State Employees Health Plan. The new insurance benefit provides coverage of up to $2,500 per ear every three years. Nine-year-old Collin Tastet, whose family is a member of AG Bell, gained statewide media coverage as the leading advocate behind passage of the mandate. Collin has worn hearing aids since he was 8 weeks old and his parents largely credit early access to listening and spoken language for Collin’s success in school. At the bill signing ceremony, Collin said, “I can hear my friends...that’s why I want other kids to have them.”

AG Bell members who were influential in helping to get this legislation passed include the Tastet family, the Skergan family, the Soltani family, the Katsiagianis family, and Joni Alberg, Executive Director of North Carolina’s BEGINNINGS and a member of AG Bell’s Public Affairs Council. NC AG Bell salutes all of the families and individuals who lobbied for this legislation.

Hear Indiana, the Indiana Chapter of AG Bell, will host its 28th Annual Conference on Listening and Spoken Language, “Hear Here,” in Indianapolis, Ind., on October 29, 2010. The keynote presentation will be given by Dr. Susan Lenihan, director of deaf education at Fontbonne University. Thanks to grant support, registration fees are very low. For more information, visit www.HearIndiana.org/HearHere. In addition, on May 1, 2010, Hear Indiana hosted its 7th Annual Talk-Walk-Run event, raising more than $50,000 to support children in Indiana learning to listen and talk and their families. The chapter would like to thank its sponsors and donors for making the event a huge success.

The Ohio Chapter hosted a Family Bowling Event on Saturday, April 24, 2010, in both Cleveland and Columbus. It was a great opportunity for children with hearing loss and their families to meet each other, hang out and have fun! The kids really enjoyed bowling – and dancing – and the parents enjoyed learning from each other. Following the success of this event, the Ohio Chapter will be holding a Family Picnic in September. For more information, you can find us on Facebook and Twitter @OhioAGBell.

subcommittee heard testimony from a panel of witnesses on legislation recently introduced in the Senate entitled “Equal Access to 21st Century Communications Act” (S. 3304). The bill is a companion piece of legislation to a House version that AG Bell has been supporting through its activities in the Coalition of Organizations for Accessible Technology (COAT). The bill is designed to extend disability access provisions to telecommunications and to video services, IP-enabled services and equipment, and to new video programming technologies. Stay tuned to AG Bell Update and www.agbell.org for updates about this legislation.

Task Force on Health Care Professions for Deaf and Hard of Hearing Formed

On May 19, 2010, the National Technical Institute for the Deaf at the Rochester Institute of Technology (NTID/RIT) formed a task force to develop educational programs and expand opportunities for individuals with hearing loss to enter health care professions. The task force includes members from NTID/RIT, Gallaudet University, the National Center on Deaf Health Research based at the University of Rochester Medical Center and Rochester General Health. The task force is co-chaired by AG Bell member Irene Leigh and will begin work this summer to complete their charge within 18 months, culminating in short- and long-term recommendations in education, access and social policy.

Children’s Health Insurance Toolkit

“Insure Kids Now” has created a toolkit to help organizations increase awareness and understanding of children’s health insurance programs with the goal of assisting eligible parents and guardians to apply for coverage on behalf of their uninsured children. “Children’s Health Insurance: Tools to Advance Enrollment and Retention Efforts” is available online and contains key information, materials, tools and tactics for education and outreach efforts. Available materials include fact sheets, enrollment document checklists, event posters, postcards, print public service announcements (PSAs), radio PSA scripts and Web banners. Visit www.insurekidsnow.gov to access the toolkit.

New Video Released on Providing Access to Care

The Joint Commission in collaboration with the U.S. Department of Health
and Human Services (HHS) Office of Civil Rights recently released a video demonstrating the importance of providing culturally competent health care to meet the needs of diverse populations. According to the National Institute on Deafness and Other Communication Disorders, more than 28 million people have some form of hearing loss. The video identifies effective and alternative communication strategies and highlights the importance of relevant civil rights legislation as well as federal and accreditation standards pertaining to language access and the rights of patients. To access the video, visit www.jointcommission.org/PatientSafety/HLC/video Improving pt_provider_comm.htm.

**New Study of Auditory Brain Stem Implants**

The University of Cincinnati Neuroscience Institute’s Functional Neuroscience Center was recently designated as one of a select number of national Auditory Brainstem Centers by Cochlear Corporation. The center’s Adult Cochlear Implant Program has been providing patients with cochlear implants for 20 years and is now expanding its capacities to help those who may not be candidates for cochlear implant surgery due to damaged nerves in the cochlea. “This implant bypasses the cochlea and the cochlear nerve and is placed right next to the cochlear nucleus of the brainstem,” explains Ravi Samy, director of the Adult Cochlear Implant Program at the center. While the level of hearing would not be on par with the level typically provided by a cochlear implant, it could still significantly improve the patient’s ability to hear. For more information, visit www.ucneurofunctionalcenter.com/our-specialty-centers.

**New York Times Article on Importance of Early Identification and Follow-Up for Children With Hearing Loss**

SOUND BITES

PEOPLE IN THE NEWS

On May 12, 2010, AG Bell lifetime member Dr. T. Alan Hurwitz was officially inaugurated as Gallaudet University’s 10th president. Hurwitz, an alumnus of the Central Institute for the Deaf in St. Louis, Mo., previously served as president of the National Technical Institute for the Deaf in Rochester, N.Y. AG Bell President John R. “Jay” Wyant, AG Bell President-Elect Kathleen Treni, and AG Bell Academy for Listening and Spoken Language President Don Goldberg attended the inaugural festivities.

Dr. Alan Marvelli, a pioneer in the field of oral deaf education, will retire after 38 years as Director of the Smith College/Clarke Schools for Hearing and Speech Graduate Program in Teacher Education. More than 1,500 teachers of the deaf have trained through the program. Clarke Schools President Bill Corwin said, “Alan has been a champion for oral deaf teacher education for decades. Under his leadership, the Smith/Clarke program has evolved in response to tremendous changes in the field. Because of his tireless commitment, hundreds of Smith/Clarke graduates have gone on to help deaf and hard of hearing children all over the world reach their full potential.”

Going Green Tips for Hearing Aid Users

Healthy Hearing has published a guide for how hearing aid users can “go green.” Tips include buying mercury-free batteries for your hearing aids next time you have to replace them, investing in hearing aids that will last a few years, and donating old hearing aids to be refurbished, reprogrammed and reused by someone else instead of throwing them away. For more tips on going green, visit www.healthyhearing.com/articles/46520-green-hearing-aids.


The Federal Communications Commission (FCC) has published a working paper entitled “A Giant Leap and A Big Deal: Delivering on the Promise of Equal Access to Broadband for People with Disabilities” as part of a series of working papers being released in conjunction with the National Broadband Plan. It is the first time the FCC has issued a working paper addressing accessibility and technology issues. Relying on extensive feedback from the public, the paper discusses barriers and opportunities in much greater detail and provides an analysis of and a context for the National Broadband Plan’s accessibility recommendations. It also discusses the role of industry innovation and the importance of building ongoing efforts in the public and private sectors to address the gaps in accessibility that still exist for people with disabilities. To access the working paper, visit www.broadband.gov/plan/broadband-working-reports-technical-papers.html.

FREE Parent/Family Six-Month Membership – Pass It on to a Friend!

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who are new to the AG Bell community. Visit www.agbell.org to sign up and to read excerpts from AG Bell’s award-winning bimonthly magazine, Volta Voices, that families can use to support their child’s listening and spoken language development.

WHAT THE RESEARCH SHOWS

The Earlier, the Better for CI Recipients

A study published in the April 21, 2010, issue of the Journal of the American Medical Association explores the impact of surgical timing on the success rate of cochlear implants. The researchers followed 188 children with profound hearing loss, ages 6 months to 5 years, and traced their language development for three years after they received cochlear implants. The study identified a critical window for diagnosis and treatment: one that does not stay open for very long.

“We identified a clear pattern where implantation before 18 months of age conferred a much greater benefit than later implantation, allowing children to catch up fast, sometimes to nearly normal levels,” says lead researcher Dr. Jerome D. Schein, a former professor at Gallaudet University and professor emeritus at New York University, who died at his home in Coconut Creek, Fla., on April 16, 2010, at the age of 86.

IN MEMORIAM

Dr. Jerome D. Schein, a former professor at Gallaudet University and professor emeritus at New York University, died at his home in Coconut Creek, Fla., on April 16, 2010, at the age of 86. Dr. Schein was an international authority on deafness studies. He held both the P.V. Doctor Chair at Gallaudet University and the David Peikoff Chair at the University of Alberta. Schein published 25 books and more than 200 scholarly papers on sensory disorders and received numerous honors and awards. He is survived by his wife AG Bell member and publisher Enid G. Wolf-Schein, daughters Carole Owens and Raleigh Schein, stepsons Marcus Wolf and Laurence Wolf, five grandchildren, and four great-grandchildren.
investigator John Niparko, M.D., director of Otolaryngology – Head & Neck Surgery at Johns Hopkins University. The researchers concluded that delaying implantation deprives children of essential exposure to sounds and speech during the formative phases of development, negatively impacting their ability to develop listening and spoken language.

**Children With Cochlear Implants Ultimately Achieve Same Educational and Employment Levels as Peers**

According to a report published in the April 2010 issue of *Archives of Otolaryngology-Head & Neck Surgery*, some children who are profoundly deaf and who use cochlear implants appear more likely to fail early grades in school, but with appropriate continued rehabilitation they ultimately achieve educational and employment levels similar to peers with typical hearing. The authors of the study focused on educational and employment status as a way of assessing quality of life in people who are deaf and hard of hearing.

**Center for Disease Control Reports Progress in Newborn Hearing Screening**

An article in the March 5, 2010, *Center for Disease Control and Prevention’s (CDC)* *Morbidity and Mortality Weekly Report* published data trends in newborn hearing screening and follow-up in the United States. The CDC analyzed EHDI surveillance data from 1999 to 2007 and available data indicated an increase in infants screened at birth from 46.5 percent in 1999 to 97 percent in 2007. These findings demonstrate progress toward achieving benchmarks for screening, evaluation and intervention, and document the continued need to ensure infants receive recommended services in a timely manner. To read more, visit [www.cdc.gov/mmwr/preview/mmwrhtml/mm5908a2.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5908a2.htm).

**Traditional Newborn Screening Test Ineffective in Identifying CMV**

A new study published in the April 14, 2010, online issue of the *Journal of the American Medical Association* has found that the routine screening test...
for identifying several metabolic and genetic disorders in newborns, called the “heel-stick” procedure, is not effective in screening for cytomegalovirus (CMV) infection, a leading cause of hearing loss in children. Of the 20,000-30,000 infants born with CMV each year, 10-15 percent are at risk for eventually developing hearing loss. According to Suresh Boppana, M.D., a co-principal investigator on the study, the heel-stick method, which involves analyzing a blood sample obtained from pricking a newborn’s heel, “will only detect 30-40 percent of babies with CMV infection. More than half of babies who are infected would be missed.” Researchers are now assessing whether the use of saliva samples instead of blood samples will produce better results.

**TECHNOLOGY WATCH**

**New Precision Tool Designed for Inner Ear Operations**

A team of engineers from the CEIT-IK4 technological center and doctors from the University Hospital of Navarra in Pamplona, Spain, have designed a new micromanipulator tool for operating on the inner ear with maximum precision, reducing the possibility of damage to the auditory function during surgery. The tool was developed to be used specifically during cochlear and middle ear implantation to aid the surgeon in working in such a small and delicate space.

**3-D Imaging Could Improve Hearing Aid Fit**

Researchers at the Massachusetts Institute of Technology (MIT) have found a way to scan the ear canal with 3-D imaging technology, a process that is faster, easier and more accurate than the plaster-mold technique commonly used for in-the-canal hearing aids. With the 3-D imaging system, a very stretchy, balloon-like membrane is inserted into the ear canal and inflated to take the shape of the canal. The membrane is filled with a fluorescent dye that can be imaged with a tiny fiber-optic camera inside the balloon. Scanning the canal takes only a few seconds, and the entire fitting process takes only one to two minutes. To learn more about the technology and its potential benefits, visit [http://web.mit.edu/newsoffice/2010/hearing-aid-0520.html](http://web.mit.edu/newsoffice/2010/hearing-aid-0520.html).
The “happiest place on earth” certainly lived up to its name at the AG Bell 2010 Biennial Convention. The Alexander Graham Bell Association for the Deaf and Hard of Hearing (AG Bell) opened its 49th biennial convention at the Hilton Orlando Bonnet Creek in Orlando, Fla. Fifteen-hundred attendees from across the United States and 20 countries traveled to Orlando to take part in the 3½-day conference that offered the latest information in hearing technologies, early intervention, and therapeutic and educational approaches for individuals who are deaf who seek a listening and spoken language outcome.

The convention officially opened on Friday, June 25, when Leadership Opportunities for Teens (LOFT) Class of 2010 graduate and Floridian Brett Filloon welcomed attendees to the opening general session and association business meeting. LOFT graduates Amber Corning, Dane Hansen, Christian Hansen, Sarah Burrell and Ludrys Sanchez emceed the session. The LOFT graduates took turns presenting the Honors of the Association, awarded to Inez K. Janger and accepted on her behalf by her sons, Michael and Ted Janger; and the Volta Award, awarded to the late Joanna Nichols and the Children’s Hearing Foundation of Taiwan and accepted in person by Nichols’ daughter, LOFT Class of 2006 graduate Alana Nichols.

Following the award presentations, LOFT counselor-in-chief Ken Levinson introduced a video the LOFT class created about their experience in the week leading up to convention and about their participation in team-building, leadership, public speaking and advocacy activities.

The opening general session included remarks by AG Bell Past President Jay Wyant who delivered the “state of the association” and reviewed the status of initiatives such as Shared Interest Groups, the progress of the Listening and Spoken Language Knowledge Center, growth of the Listening and Spoken Language Specialist certification program, the establishment of a new task force to looks at ways to preserve the history and memory of the pioneers in spoken language for the deaf, and the re-launch of the Parent Advocacy Training program.

The following morning, AG Bell President Kathleen Treni gave her inaugural speech, stating, “We say the fulfillment of AG Bell’s mission must include outreach to families of underserved or hard-to-serve populations. We must reach out to stakeholders and decision-makers in early intervention, education and health care. We must make sure that public policy makers are aware that there are endless
possibilities for communication and language outcomes for individuals with hearing loss...there is no doubt there is much work to be done. But we are the right organization, with the right mission and at the right time.” Treni then introduced ABC “Good Morning America” contributor Lee Woodruff, who has a daughter with hearing loss who listens and talks. Her inspiring presentation was followed by a book signing in the exhibition hall.

On Sunday morning, the convention hosted its seventh Research Symposium funded by the National Institute on Deafness and Other Communication Disorders, National Institutes of Health, and the Deafness Research Foundation entitled “Re-Modeling the Deafened Cochlea for Auditory Sensation: Advances and Obstacles.” This year’s symposium focused on stem cell technology and inner ear hair cell regeneration. Moderated by Carol Flexer, Ph.D., CCC-A, LSLS Cert. AVT, the Symposium presented cutting-edge research from renowned scientists Andy Groves, Ph.D., associate professor in the Department of Neurosciences, Department of Molecular and Human Genetics and Program in Developmental Biology at the Baylor College of Medicine in Houston, Texas; Jian Zuo, Ph.D., member/professor of the Department of Developmental Neurobiology at St. Jude Children’s Research Hospital in Memphis, Tenn. and Stefan Heller, M.S., Ph.D., professor and director of research in the departments of Otolaryngology - Head and Neck Surgery and Molecular and Cellular Physiology at Stanford University School of Medicine in Stanford, Calif. The scientists shared their theories, research and directions for future investigation in this important research area as well as answered questions from the audience.

In addition to the general sessions and Research Symposium, the convention featured more than 60 exhibitors, a Celebration & Education Theater, 11 short courses, more than 75 concurrent sessions, three “super sessions,” and a Child & Teen program. Included among some of the highlights of the concurrent sessions was a presentation by Dimity Dornan, A.M., Ba.Sp. Th., F.S.P.A.A., LSLS Cert. AVT, and Carol Flexer, Ph.D., CCC/A, LSLS Cert. AVT, entitled, “A Longitudinal Study of Auditory-Verbal Effectiveness.” This study, being conducted by Dornan in her native Australia, is demonstrating that once children have achieved access to a clear sound signal, the children’s receptive vocabulary, speech progress, reading skills and math skills showed no significant difference between the typical hearing and atypical hearing groups of children. What’s more, the children in the auditory-verbal therapy group had a mean age of identification of
23.5 months and mean age of cochlear implantation of 27.7 months (this was before Universal Newborn Hearing Screening in Australia), ages that are on the older end for what we expect from today’s children, many of whom are identified at birth. The language and academic achievements of the children with hearing loss in the study were impressive, but what was most heartening was the measure of self-esteem. In this area, children with hearing loss scored equally to their peers who have typical hearing.

Another session entitled “It’s a Small World After All,” presented by Lilian Flores, Ph.D., LSLS Cert. AVT, Teresa Caraway, Ph.D., CCC-SLP, LSLS Cert. AVT, Kathy Sussman, M.S., Lic. Elisa Giraudo, and Lic. Florencia Cornejo, showed how collaboration across countries and across languages can be mutually enriching for all of their programs. In today’s global society, the issues facing programs in Spanish-speaking countries are quickly becoming realities for programs in the United States, many of which have students whose parents come from around the globe and speak a variety of different languages. The presenters shared the results of a parent survey they conducted to highlight some of the main concerns facing these families: lack of interpreters for audiological appointments, concerns about teaching their children two oral languages and problems with culture clashes (or misunderstandings) between parents and providers. The presenters hailed from the U.S., Mexico and Argentina.

New this year were three “super sessions” that were two-hour sessions providing in-depth focus on a topic. First was the “Career Transitions” session for adults who are deaf or hard of hearing to share tips, advice and experiences related to job hunting and how to navigate workplace nuances such as office politics and advocating for communication access needs. The “Professional Preparation” session featured panelists discussing the opportunities and challenges for professional preparation and development. Arising from the recently released The Volta Review monograph on Professional Preparation in Listening and Spoken Language, panelists delved into issues related to pre-service training, international training, in-service and continuing professional development, innovative educational strategies and future considerations. Finally, the “Parent Advocacy Training” session unveiled an updated parent advocacy training program aimed at giving parents an understanding of federal special education law, the negotiation skills necessary to develop and manage Individualized Education Programs (IEPs) and Individualized Family Service Plans (IFSPs), and learning how and where to access up-to-date information on special education law with the aim of securing a Free and Appropriate Public Education (FAPE) for all students with hearing loss, as required by law. Soon, this program will be available on the AG Bell website so stay tuned to AG Bell Update and www.agbell.org for additional information as it becomes available.

A full summary of each day of convention can be found on the convention blog page at www.agbell2010convention.org. AG Bell wishes to thank all its sponsors, exhibitors, attendees, volunteers and presenters for making this another stellar convention! See you in 2012 in Scottsdale, Ariz.!
Advance Your Career as a Certified Listening and Spoken Language Specialist

The AG Bell Academy for Listening and Spoken Language offers an expanded certification program for professionals interested in becoming a Listening and Spoken Language Specialist Certified Auditory-Verbal Educator or Therapist (LSLS Cert. AVEd or LSLS Cert. AVT).

The demand for Listening and Spoken Language Specialists has never been higher. Due to advances in hearing technology and early hearing detection and intervention legislation, there is a critical need for credentialed professionals to help the increasing numbers of families who are choosing listening and spoken language for their children who are deaf or hard of hearing.

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“I encourage all professionals in the fields of speech-language pathology, audiology and education of children with hearing loss to pursue this important certification. LSLS is the standard parents of children with hearing loss look for when selecting spoken language specialists.”

– Donald M. Goldberg, Ph.D., LSLS Cert. AVT, President, AG Bell Academy

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Learning Through Singing

How Music Helps Children with Hearing Loss

By Jeannette Castro Hachmeister

All teachers, brand new ones to very seasoned, need quick, easy-to-use tools to help them teach. This article gives teachers information from current research plus plenty of examples on how to use songs in their classrooms.

At his workshop entitled “Scaffolding Writing Instruction,” Dr. Michael Heggerty, an expert on literacy, stated that the average class has five academic levels within one grade. How does a teacher reach all five levels within one class period? What is developmentally appropriate for students? How does a teacher reach the students who have language issues due to hearing loss, dual languages at home or other factors? How do teachers reach students with special needs who are included in their classroom? Music is a tool that is developmentally appropriate, facilitates language fluency, helps brain development and, above all else, is joyful.

Current Research


Music allows learners to acquire information naturally and presents information as parts and wholes. A song gives students a chance to reduce the information into parts yet work with it as a whole. Frances H. Rauscher (2003) explored the relationship between spatial/temporal skills and music with high-risk preschoolers and conducted three studies that examined the effects of music. The children who received music training scored higher on the Wechsler Individual Achievement Test (WIAT) in reading, spelling, reading comprehension, mathematical reasoning, numerical operations and listening tasks. Rauscher concluded: “Learning music is an important developmental activity that may help at-risk children compete academically on a more equal basis with their middle-income peers... improvement on the spatial-temporal tasks was confined to those children who received music instruction...the music instruction was found to continue for at least two years after the intervention ended.” In another study by Rauscher and colleagues, music training gave a significant boost to spatial-temporal memory (Rauscher et al., 1997). In this study, 78 preschoolers were divided into two...
groups with one group receiving music instruction. The researchers tested if music cognition would activate the same neural activities as those in spatial-temporal reasoning. This type of reasoning maintains and transforms mental images without a physical model and is used in both mathematics and science. The researchers found that:

“Music training, unlike listening, produces long-term modifications in underlying neural circuitry (perhaps right prefrontal and left temporal cortical area) in regions not primarily concerned with music. The magnitude of the improvement in spatial-temporal reasoning from music training was greater than one standard deviation equivalent to an increase from the 50th percentile on the WPPSI-R standardized test to above the 85th percentile.”

In other words, students with low language levels could benefit the most from this increase in memory.

Music benefits children’s oral communication. They learn to be attentive listeners, which is a skill that helps their phonological awareness, phonemic awareness and overall fluency.

Children also need to learn how to clean up. Before I came up with the next song, there were many attempts to have the students clean up without repeating myself, which taught them to ignore my statements. Now as we sing, all of us participate in cleaning up.

CLEAN UP SONG
(TUNE: “HEIGH HO” FROM DISNEY’S SNOW WHITE AND THE SEVEN DWARFS)

Hey, hey! Hey, hey! Put everything away.
In the right place, where it Should stay.
Hey, hey! Hey, hey! The beauty about these two songs is that it eliminates nagging, helps give the students language for what they are doing and gives them practice articulating without any pressure since it is being sung by everyone and is easily learned.

Use Music to Teach Information

Writing is very difficult for students with minimal language. They work harder to put their thoughts into words. Sometimes this activity is slowed down by the mechanics of writing, such as where do you start? I wrote a song that we sing before every writing class. We add movement to it so it can become quite an aerobic workout before we sit down to write. On wintry Chicago days, we sing the song with gusto and big movements five times in a row. Having expended their excess energy, the children are then ready to sit down and focus. The students with serious directionality issues will sing this song quietly while they are writing. It helps them focus on the left to right concept.

THE WRITING SONG
(TUNE: “LONDON BRIDGE”)

Top to bottom, Left to right
Left to right, Left to right
Top to bottom, Left to right
That is how we write

Our students learn words such as “blends,” “digraphs” and “homophones” during phonics lessons. It is hard to remember what everything means. Are blends the same as digraphs? Why are
Learning Through Singing

homophones so much fun to learn? Here are songs that teach the key components of these concepts. The tunes make the songs more fun to sing!

**BLENDS**
(TUNE: “ADDAMS FAMILY” THEME SONG)
Blends are friends (snap, snap)
Blends are friends (snap, snap)
Put two letters together
You hear both of them (snap, snap)
Dr for dress Sn for snake
Pl for plant St for star

**DIGRAPHS**
(TUNE: “ADDAMS FAMILY” THEME SONG)
Digraphs are weird (snap, snap)
Digraphs are fun (snap, snap)
Put two letters together
Their sound makes one (snap, snap)
Th for thumb Ch for cheese
Sh for sheep Wh for whale

**HOMOPHONES**
(TUNE: “BINGO”)
Homophones are weird words
That sound the same
But are different
Ate Eight
Night Knight
Pear Pair
Homophones are cool!

**Use Music to Teach Comprehension**
In my classroom, the day ends with a story. We read a story for two weeks. If it is a classic story, we read many versions. We then compare and contrast key elements of the story. If the story is a current one, we read parts of it for one week and then on the second week read it entirely again. Every Monday we look at all the story songs and sing all of them. (The songs are clipped together by a ring for easy flipping.) Each story gets a song and by the end of the semester the class sings about 10 songs. The beauty of this activity is that it helps the students remember the story, gives the students words to express what happens in these stories and is a tool to help the students comprehend key elements of the stories.

Let’s take the classic story “The Gingerbread Man.” Most children are familiar with this story. One key component is that the Gingerbread Man loves to run and is feeling “cocky” that he can outrun everyone. When the children learn this song, they become the Gingerbread Man. They can use their sassy voices to sing. At the end of the story, they can sing the same lyrics in a pathetic manner since they have been eaten by the fox.

**THE GINGERBREAD MAN**
(TUNE: “ABCS” SONG)
Catch me, catch me if you can
I’m the little gingerbread man
I can jump and I can run
Faster, faster. It’s fun, fun, fun

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Futures Are Bright

Sunshine Cottage School for Deaf Children offers specially designed, comprehensive educational programs for children with hearing loss.

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Teaching children with hearing impairment to listen, talk & participate in a hearing world.
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**Catch me, catch me if you can**

*I’m the little gingerbread man*

The great thing about writing songs for the stories that the students study is that you reinforce the story line, its vocabulary and crucial elements all within a 30-second time frame. You can sing these songs whenever you have a break. When you need to discuss stories and its similarities and differences, the children can recall the story just by breaking into song. The stories become part of their long-term memory. (Every song is sent home for the students to put into their home binder, which they use at their discretion.)

Imagine introducing a brand new story. How do you help your students remember the sequence of the story? How do you recreate the atmosphere of the story? By using a tune like “Brother John,” the teacher can sing a line and have the students repeat. Our curriculum is based on the formula of modeling and imitation. The teacher models the appropriate language (syntax) and the student repeats. In the next song, the entire story is described. The song that the boy sings in the original story is used at the appropriate moment. The children sing the entire story and enjoy the defeat of the giant, Abiyoyo.

**ABIYOYO**

**(TUNE: “BROTHER JOHN”)**

A long time ago (A long time ago)
A boy and his dad (A boy and his dad)
Played the ukulele (Played the ukulele)
And did magic (And did magic)

Nobody liked them (Nobody liked them)
The ukulele was loud (The ukulele was loud)
Magic make things disappear (Magic make things disappear)
“Get out” said the people (“Get out” said the people)

One day the sky was red (One day the sky was red)
And the ground shook (And the ground shook)
Abiyoyo came to town (Abiyoyo came to town)
“Run for your life” (“Run for your life”)

The boy had an idea (The boy had an idea)

To make the giant fall down (To make the giant fall down)
He would sing his song (He would sing his song)
And Abiyoyo would dance (And Abiyoyo would dance)
(All sing eight measures of “Abiyoyo” going faster and faster. See the book for the tune. The one child playing Abiyoyo would dance faster until he/she fell down.)

Abiyoyo fell down (Abiyoyo fell down)
His father said “Zoop” (His father said “Zoop”)
Abiyoyo disappeared (Abiyoyo disappeared)
Hooray for the boy! (Hooray for the boy!)

This song provides knowledge and answers “who-what-where-when” questions. The song also helps with student comprehension, answering “why-how” questions.

**Use Music for Fluency and Fun**

Children with language delays work harder for every word spoken. It is a “Catch-22” situation when the harder it is to talk, the less likely it is that the child will want to talk. Through song, a teacher can get these students to practice their fluency both in articulation and language. The song “Michael Finnegan” is a great example of this. The silliness of the rhymes “Finnegan” and “chinagan” and the change in tempo (you can sing it very slowly or extremely fast) make it a fun-filled way to practice speech and language.

Another song to try is “Skip to My Lou.” Make a several page chart of this song with its illustrations. The students and I sing this with appropriate movements. When we get to the part of the song where the sheep are in the bathtub and we sing “Hulla-baloo,” the squealing and giggling from our movements coupled with the great illustrations makes this a hilarious, fun event rather than a “drill and kill” language/speech time.

Songs can be a handy tool for teachers trying to help their students who have delayed language. It is developmentally appropriate and so joyful that your students will not realize how much they are learning through song. Music makes learning a great adventure. Singing connects your students, especially the struggling ones, to the joy of learning.

This article was originally published on the Golden Apple website www.goldenapplefoundation.org, under free resources.

**References**


During the first week of school, many children eagerly anticipate meeting new teachers, seeing friends and having a fresh start. Teachers also share these feelings of excitement, as it is one of the most important weeks of the school year. As an itinerant teacher of children who are deaf and hard of hearing, this week is when I figure out my routine, dive into Individualized Education Programs (IEPs) and set dates for school workshops. Most importantly, it is during this week that I begin developing relationships with the family, student and school team. I set the foundation for the entire school year through the development of these relationships.

**Family**
Before school starts, I call the families I will be working with to introduce myself, ask about their summer and see if they have any questions. In addition, I ask if their child has any concerns about the upcoming school year. This opens the lines of communication, which I find to be essential for the child’s success at school. I write down their requests on a form and always make sure to get the necessary answers for them. I also ask how the family would like to stay in contact with me. Some families prefer a communication notebook and others would rather correspond through e-mails, phone calls and/or texting. I like to show the family that, within reason, I am flexible and can work around their schedules and needs for communication. I want them to know that I am available and willing to listen. This develops trust, a critical ingredient needed for the exchange of thoughts, concerns and ideas. I follow up this initial phone call with a letter that details my schedule with their child and includes my contact information. If the student receives support services from a professional outside of school, such as a personal audiologist or speech-language pathologist, I will get written permission from parents to contact these providers as well. Again, this encourages a team approach and opens the lines for communication, ultimately providing better services for the student. For example, if I have a student who uses a cochlear implant(s) and has their cochlear implant(s) programmed by a private provider, I believe it is important to know their MAPping audiologist. I will then be able to pass along information to the audiologist that might be helpful in the MAPping process.

**Student**
Building a relationship during the first week of school is critical to developing a positive rapport with the student. I usually spend the first few sessions playing language games, gathering information about their learning styles and introducing them to my teaching style. To get my students to talk about themselves,
I might create a fun PowerPoint with photos from my summer or bring in a yearbook to show them my interests when I was in school. During this time, I will also evaluate their self-advocacy abilities related to their hearing loss – an area where some of my first lessons will focus. As these sessions progress, I will explain my role, develop boundaries and establish a routine. For my older students, I give them a warm-up notebook as well as a journal for essay planning and writing. I also make a point to get to know my students’ classmates to set everyone at ease. This often creates a much more relaxed school environment for the student with hearing loss. Therefore, when I walk into class or am in the hallway, all the students feel comfortable saying “hello” to me. If there are multiple students with hearing loss in the school, I might also organize a monthly breakfast for us all to get together and chat. This not only shows my students that I value them and their relationships with other students with hearing loss, but also provides them with a network of peers they can go to if they have a problem or issue.

**School Team**

As an itinerant teacher, my first interaction with the staff at my students’ school is essential to establishing a positive relationship. Relationship building develops trust, which ultimately leads to honesty and more effective communication when creating the best possible program for the student. Since I spend only a fraction of my day, or even week, with the student, it is extremely important that the team be knowledgeable about working with a child with hearing loss. I start by arranging an introductory workshop for each student’s teachers before school begins. The workshop is one of the key elements in establishing a team approach between the school and the itinerant teacher. It allows the itinerant teacher to ease anxiety that may come when working with new technology, such as the FM or soundfield system, and gives the education team a chance to ask questions. By properly educating the staff about the equipment before school starts, the potential for embarrassing moments between the child and classroom teacher is reduced. This ensures a smoother first week in the classroom not only for the classroom teacher, but for the student as well.

During the workshop, I give a personalized presentation covering a number of areas including student background information, audiological equipment, and modifications/accommodations necessary for providing the child with appropriate auditory and linguistic access to the curriculum. With older students, I might have them give their own presentations to develop self-confidence and demonstrate that they are ultimately responsible for their own learning. I like to establish where audiological equipment will be kept during the school year and who will be responsible for daily listening checks. Setting up an equipment routine early in the year will lessen “off air time” and help solve audiological problems efficiently. Depending on the amount of time allotted for the presentation, I will include a listening demonstration, such as an activity to simulate hearing loss in the classroom. The idea is that the classroom teacher will develop a greater understanding of hearing loss and be more aware of what might be a difficult learning situation for the child. Often times the child’s greatest struggle is communicating with their team of teachers. The more the itinerant teacher can educate the team about what it is like to have a hearing loss, the better the relationship between the student and team will be.

A few days into the start of school, I conduct classroom observations to check on appropriate use of the amplification. The information given at the initial workshop may have been a lot for teachers to digest along with all of the other curricular and school policies that they have to absorb. Giving the team feedback on how they are using the equipment makes a lot more sense once the student has spent time in their classroom. During the first week of school, I also introduce myself to the other key players in the school building, such as the principal, case manager and classroom teacher(s). However, I also like reach out to the secretaries, nurse, librarian and janitor. These individuals can be very helpful in times of need! Secretaries can pass along phone messages from me to the teacher or assist with arranging meetings. The librarian can be an excellent resource for helping to find books for thematic topics or extra textbooks for pre-teaching. Another good person to know is the janitor, especially if equipment has been lost. A missing FM receiver can look like a piece of plastic trash; however, if the janitor knows what to look for, the school can save hundreds of dollars. It is always a plus to know the nurse, especially when working with younger students whom I see weekly or monthly. Since I do not see all of my students every day, the nurse can be a lifesaver in assisting with listening checks and troubleshooting broken equipment.

**Conclusion**

Relationship building with the family, student and school team are most successful through direct communication and thorough organization. By investing time early in the school year and showing your willingness to open dialogue with all parties, you help to eliminate the possibility of issues developing later in the school year. These positive relationships help fulfill the most important goal: helping to create a strong and supportive learning environment for the student with hearing loss.

Volta Voices • July/August 2010
Currently, there is a lot of attention on the lack of qualified professionals trained in listening and spoken language education. For many families, that means their children who are deaf or hard of hearing and who want to learn how to listen and talk may not have access to the services they need to ensure a listening and spoken language outcome. The St. Joseph Institute for the Deaf (SJI) launched its "I Hear" distance learning program last fall as part of its mission to expand auditory-based services to families all over the United States. Through I Hear, SJI professionals work directly with students who are deaf or hard of hearing via live streaming video on a broadband Internet connection, regardless of where a family may live relative to the institute’s locations in St. Louis, Mo.; Kansas City, Kan.; and Indianapolis, Ind.

In addition to live online therapy sessions, therapists also provide parents with information, support and strategies on how to continue the learning process at home in between sessions. I Hear helps children become successful language learners while parents learn to become language teachers for their own child. This presents a significant opportunity for families, especially when other services are not available within their local communities. “The I Hear program has empowered me with strategies to teach my son language and to listen,” says one parent from Tipton, Kan. “Communicating with my son with words is priceless. Knowing he can talk and listen by seeing his progress and seeing what others have done through St. Joseph Institute for the Deaf encourages me greatly. Within the first three months, he already was speaking three to four word sentences and actually communicating with us as well as his friends.”

As this child’s progress suggests, the results from this program have been overwhelmingly positive. Parents have reported a noticeable increase in their children’s language development relatively quickly after beginning the I Hear program. This success is due in part to the I Hear coaching model in which planning and information-sharing sessions between the parents and the therapist take place before each therapy session. School personnel who want information on ways to meet the needs of the child in the classroom or in therapy can also participate in coaching sessions. Coaching strategies include directing parents how to encourage a younger child to be aware of sounds. For example, parents are encouraged to point to their ear, say “I hear that, what could it be?”, and then

Distance Learning
Connecting Therapists to Families Online

By Dipika Chawla

Auston and his mom, Linda, participate in a therapy session as part of the I Hear distance learning program.
go with the child to look for the sound. Parents are also taught how to model appropriate language for their child when they see that he or she is trying to express something. Singing songs is one way parents can follow their child’s lead and help put his or her thoughts into spoken words. Guiding families to teach concepts and vocabulary using daily routines, such as setting the table or getting ready in the morning, is another critical coaching strategy.

“From personalized one-on-one interaction with professionals, parents also learn how to facilitate communication development across a variety of contexts and settings outside of the I Hear sessions,” says SJI Director of Education Mary Daniels, M.Ed., LSLS Cert. AVEd. “Parents report having more of a personal mastery of how to interact with their children in ways that challenge [their children] to become more natural language learners and users.”

In fact, SJI has observed comparable results between the language development of children who attend in-person therapy sessions and that of children who participate in I Hear. “Through video-conferencing, all services occur in the family’s home or other natural setting, creating a unique opportunity to fully individualize services,” says I Hear Coordinator Cheryl Broekelmann, M.Ed, LSLS Cert. AVEd. “While there are many variables that can impact skill development in children, we are seeing similar progress because ultimately the parent and the child develop the skills together – thus allowing continual learning outside of the therapeutic sessions.”

Sessions take place at least once a week, but after experiencing positive results some families elect to increase the number of sessions per week. I Hear offers scheduling flexibility and appointments may be available after normal business hours or even on weekends so that parents can be as involved as possible in the therapeutic process. For babies and young children, the parents need to be in the room and interact with the therapist and the child for the entire session. Some older students may also benefit from a more tutorial model where a third party does not have to be present. Several school districts are opting to use I Hear to help meet the needs of students with hearing loss in a mainstream educational setting. Following each session, the therapist gives the parents or school district educators several strategies or recommendations to continue practicing the skills in preparation for the next session, which may include specific homework assignments for the student. Pre-session instructions are emailed in advance to best utilize session time.

All that is required to participate in the I Hear program is a broadband Internet connection. Families owning a suitable computer will receive software and support necessary to establish tele-conference links. If no computer is available, families may elect to participate in SJI’s Computer Loaner Club. There is a selection process to ensure that I Hear will positively impact the child’s listening and spoken language education. Parents and school districts are asked to provide information, which might include assessments and Individualized Education Program (IEP) goals or Individualized Family Service Plan (IFSP) objectives, so that SJI can design a program to meet the needs of the child, the family and the local school district.

SJI’s I Hear Distance Learning Program is an innovative approach to closing the gap between families seeking listening and spoken language services and the availability of professionals to serve them. Children of all ages and varying degrees of hearing loss living virtually anywhere can benefit from tele-therapy. The use of the Internet to provide distance-learning and therapy services has enabled SJI to remove distance barriers. “SJI maintains its historical drive to be on the leading edge of listening and spoken language organizations and is no longer confined by four walls of an institution,” says Broekelmann. “With I Hear, we can provide listening and language therapy and auditory-oral education strategies almost anywhere they are requested. It makes SJI a global force and we’re proud to extend the reach of our acclaimed services as far as we can.”

Those interested in learning more about SJI’s I Hear Program can visit www.sjid.org/ihearin.htm or contact Broekelmann at (636) 532-3211 to discuss the program and how it can help your family or the families you serve.
Special Section: Recognizing the Generosity of Our Donors

The Honor Roll of Donors

(January 1, 2009 – December 31, 2009)

The honor roll of donors lists individuals, corporations and foundations that made financial contributions during fiscal year 2009 (January 1 – December 31) in support of AG Bell programs and services. AG Bell celebrates all of its donors for their generosity in support of the Association.

Every effort has been made to ensure the accuracy of this list, including spelling of names and placement of donors within respective giving categories. However, omissions or errors may still have occurred. We apologize for any inaccuracies and ask that you notify Gary Yates, AG Bell manager of advertising and exhibit sales, at gyates@agbell.org if you find an incorrect listing.
Our Mission:
Advocating Independence Through Listening and Talking

Our Goals:
Advocacy
Community Building
Capacity Building
Leadership and Management

The following chart illustrates how the association allocates its financial resources to support its mission and the goals of its strategic plan.
Entry Point!
Connecting STEM Students to Career Opportunities

By Dipika Chawla

Entry Point! is a program of the American Association for the Advancement of Science (AAAS) that connects talented science, technology, engineering and mathematics (STEM) students who have disabilities to employers from all over the country. Full-time undergraduate or graduate college students with disabilities who are majoring in a science or engineering field can apply to be placed at STEM-related internships in many locations across the United States.

The program offers accepted students a paid internship at top research companies or government research agencies. Previous Entry Point! participants have interned at NASA, IBM, Merck, Lockheed Martin, NAVAIR, Shell Oil, CVS Caremark, Google, Infosys and several prestigious research universities. While many internships for college students involve little more than administrative and menial tasks, Entry Point! matches students’ desire for engaging and substantively challenging work with the employer’s need for an expanded pool of technical talent. Most students relocate to their internship site for the summer during their Entry Point! experience.

Jinny Stern, a long-time AG Bell member and former AG Bell board member, is the director of the Entry Point! program. “Internships are critical today for all college students in every field,” she says. “The Entry Point! internships are particularly important because the employers are able to meet the students’ needs for assistive technology and other accommodations. In addition, mentors and students involved in the program often serve as ambassadors to the wider community.”

Currently in its 15th year, Entry Point! has placed over 550 students with disabilities in internships, almost all of whom have gone on to careers in science and engineering. A number of AG Bell members have participated in Entry Point! and are now in graduate school or employed in STEM careers. Volta Voices recently spoke with three AG Bell members who are alumni of the Entry Point! program to learn more about the Entry Point! experience.

Kelly Halacka-Gilkey has a congenital, bilateral severe-to-profound hearing loss and wears hearing aids in both ears. She was an undergraduate at the Case Western Reserve University in Cleveland when she applied to Entry Point! and now works for the Engineering Directorate at NASA Glenn Research Center in Cleveland, Ohio. Her first internship position was at the same NASA facility where she currently works, and her second was at Wyle Laboratories, a major contractor with the NASA Johnson Space Center in Houston, Texas. Gilkey’s internship experiences helped shape her post-college career goals. Although her
**MEET JINNY STERN**

Virginia “Jinny” Stern has been an AG Bell member for over 40 years, joining AG Bell shortly after her son, Mark, lost his hearing to meningitis, H-influenza, on his first birthday. Because her family lived near the Volta Bureau, AG Bell’s historic headquarters in Washington, D.C., she often borrowed books from the library, educating herself about listening and spoken language communication. Stern attended her first convention in Atlanta in 1972 and soon after got involved with the Parent Section, making close friendships with the section leadership. Stern is part of a generation of parents who brought together the Parent Section, providing many families with the support and resources they needed to successfully pursue a listening and spoken language outcome for their child(ren) with hearing loss. Stern served on the AG Bell board for two terms, and again when she was chair of the Parent Section. Mark also served on the board for two terms.

Stern recently retired after working with the American Association for the Advancement of Science (AAAS) project on Science, Technology and Disability since 1977. As a direct result of Stern’s hard work and dedication, ENTRY POINT! was created in 1996 when AAAS realized that many students with disabilities were receiving bachelors and graduate degrees in science, technology, engineering and mathematics (STEM) but were not receiving jobs after they graduated, or not jobs that used their hard-earned skills. ENTRY POINT! has expanded as AAAS has been able to offer more paid internships with partners in industry, government and academia.

First internship working in electrical engineering at NASA made her realize that this was not the field she eventually wanted to pursue, the experience helped her “discover more about who I was, what my strengths and interests were, and how to work as a contributing team member.” The electrical engineering knowledge she gained also paid off later when she had to take these courses for her degree in biomedical engineering.

Gilkey applied to Entry Point! again the following year and completed her second internship at Wyle, which she describes as “incredible. I loved everything about it – I was enthusiastic about going into work every morning, I felt my work was appreciated and meaningful, and I forged lifelong relationships with my colleagues.” Entry Point! also provides some support to students after they have been placed in jobs. Gilkey recalls that “not only did Entry Point! help place me in an internship I really wanted, they also helped me find lodging accommodations with adaptive devices and other services for people with hearing loss, and introduced me to some of the other interns working in the area.”

Gilkey’s internship at Wyle helped jumpstart her dream to work for NASA in a permanent capacity and ultimately put her on the path to the career she has now. As for her hearing loss, Gilkey says that it never negatively affected her interactions with her mentors and colleagues. “My disability was never really discussed, except to satiate curiosity about how severe my hearing loss was, what caused it, if I had family members with the same disability, etc. I felt I was a full-fledged team member and my contributions to the projects were vital to the team’s success.”

In 2005, Erik Nordlof was a sophomore in Indiana University Bloomington’s Kelley School of Business studying computer information systems when he applied for the first of his three Entry Point! internships. He has a pro-
ization, combined with the consulting courses he took while completing a Master of Science in Information Systems program at Indiana University’s Kelley School of Business, inspired him to pursue consulting instead of a corporate career. Nordlof is currently a public sector consultant at IBM Global Business Services, working on projects that IBM contracts with the federal government, such as the U.S. Postal Service, the Federal Deposit Insurance Corporation (FDIC) and the U.S. Coast Guard.

Angela Lee Foreman was a graduate student pursuing a Ph.D. at the University of California, Davis (UCD), when she applied for her Entry Point! internship in 2004. She was placed with the conservation division of Northwest Fisheries at the NOAA in Newport, Ore. Her internship exposed her to the differences in working in an academic lab versus a government lab while giving her a taste of what it was like to become an independent investigator working on a biomedical research project. This experience allowed her to build the foundation for additional work at a lab at L’Institut Pasteur in Paris, France, where she worked for three months in 2005. Overall, her EntryPoint! internship allowed her to gain confidence as she continued with her research project and Ph.D. training.

“My interactions with my colleagues were very positive,” Foreman remembers of her Entry Point! experience. “I had a sign language interpreter in order to follow what was being said during the meetings and I spoke for myself. It was an environment supportive of my profound hearing loss.”

For her internship project, Foreman was able to apply knowledge and project techniques from her Ph.D. work and was given hands-on experience working with marine life. This has influenced her career as she is currently in a tenure-track position as an assistant professor of biology at National Technical Institute for the Deaf at the Rochester Institute of Technology (NTID/RIT). “EntryPoint! provided me with an opportunity that I wouldn’t have access to otherwise since they had done the networking part and opened many doors for me,” says Foreman.

EntryPoint! is a great program for students who are deaf and hard of hearing to gain important experience in the workplace and quite possibly jumpstart their STEM careers after college. Gilkey is certain that “EntryPoint! is truly one of the best internship programs available for students with disabilities!”

Interested students can learn more and begin the application process online at www.entrypoint.org.
When Jennifer Rosner found out her first-born daughter, Sophia, was deaf, she was deeply saddened. "Dreams I didn’t realize I carried – dreams full of a child’s chatter and song – began to wither deep inside," she says in her book, If a Tree Falls: My Family’s Quest to Hear and Be Heard (The Feminist Press).

It was even harder when she discovered that hearing loss ran deep in her family’s roots. After receiving the news that Sophia did not pass the newborn hearing test, Rosner’s father faxed her a family tree and some names had notations of “Deaf and Dumb.” When her husband, Bill Corwin, tried to reassure her that things would be all right, Rosner asked, “But how? There is deafness all around us.”

To cope with her feelings of loss and frustration, Rosner embarked upon an exploration of her childhood and ancestors, which she details in If a Tree Falls. Here, Rosner discusses how her daughters’ hearing loss became a thread that bound her closer to her family.

If a Tree Falls: How Hearing Loss Connected Generations

By Tiffani Hill-Patterson

W hen Jennifer Rosner found out her first-born daughter, Sophia, was deaf, she was deeply saddened. "Dreams I didn’t realize I carried – dreams full of a child’s chatter and song – began to wither deep inside," she says in her book, If a Tree Falls: My Family’s Quest to Hear and Be Heard (The Feminist Press).

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Tiffani Hill-Patterson: What prompted you to write If a Tree Falls? What was the writing process like?

Rosner: In the beginning, writing was a way to process all that I was feeling and experiencing as a new mother of a child who is deaf. I’d write out “scenes” from our daily lives, and at once I’d feel a huge emotional release and have a clearer understanding of the experience.

When I discovered I had deaf ancestors, I found myself needing to know more about our family history. I embarked on an extensive genealogical search. But the “facts” I learned didn’t reveal the details of my ancestors’ lives. It was then that my writing process shifted – I found I needed to invent what I couldn’t uncover, and I started imagining the lives of my deaf great-great aunts. Eventually, I came to realize that my search into my ancestry had a deeper meaning: I was searching for models of connection, through the ages.

I learned so much about myself, writing this book. I’d entered new motherhood fearful about my own abilities to listen and hear because I often felt unheard during my childhood. This exploration into the deafness in my family (literal and metaphorical) helped me to understand my history, and to gain the perspective to stay present with my growing children.

Patterson: Do you feel more connected to your family through your daughters’, Sophia and Juliet’s, hearing losses?

Rosner: Yes. My daughters’ deafness helped me to see my family as part of a much larger line. It also helped me to gain a far deeper understanding of my mother (who also has a hearing loss), and of my childhood experiences with her.

I think that part of it was that I was confused by how much my mother’s hearing loss impacted her ability to focus. It wasn’t always the case that she literally wasn’t hearing me – she was able to tune out. My mother was able to disengage, and that was really hard for me. Her hearing loss played a contributing role to her inattentiveness.

Patterson: When you think it’s harder knowing there’s a family history

Rosner: In the beginning, what was the biggest concern you had about your daughters being deaf?

Rosner: In the broadest sense, I worried about their opportunities. I worried their worlds would be very constrained if they were unable to hear and communicate in spoken language. Then there are those particular things you grieve, like hearing the leaves rustle. It hurt to imagine them not hearing any pretty sounds. As for the social part of it, I worried about them being isolated or marginalized or ostracized.
Patterson: Has that concern changed?
Rosner: It has changed, because I feel like they have every opportunity. The worry is not as global and broad now. It’s more specific. With their hearing aids and implants, my children hear. Yet, they still miss the whisperings of friends at a sleepover. If a friend yells over her shoulder while leaving class that everyone’s meeting up at 3:00 after school, my girls might not catch that. I still have concerns about them feeling excluded in such situations.

When I first learned of their hearing loss, it was a shock. What would it be like? But we are completely connected now. I think I may have overemphasized the relevance of those things. Sometimes now it feels like I was overly worried!

Patterson: How are Sophia and Juliet doing now?
Rosner: Sophia and Juliet are truly thriving! In those early days, those worry-filled days, I never would have imagined this. My girls astonish me daily – they sing and play beautiful music (Sophia on the piano, Juliet on the violin); they talk to friends on the phone. I think that, as they get older, I worry about social situations more than anything else. But I’ve also gained faith that they can advocate for what they need, and that they will find acceptance from caring people wherever they go.

Patterson: What message do you hope to send to other families with your book?
Rosner: For families raising children who are deaf or hard of hearing, I hope my book will be a source of comfort. The decisions we all make for our children are often fraught with great anxiety. But the wondrousness of our children far outweighs the worries!

I believe this book, more generally, can give understanding and insight into the world of deafness: it is for anyone who has questioned whether they really hear others, or are being heard.

Patterson: What advice do you have for other parents of children with hearing loss?
Rosner: Remember that children tune in to you, in all sorts of ways. So breathe them in and stay open to the connections. I remember my initial grief – I stopped talking, singing, cooing to my daughter. I regret this.

Also, find the support you need and the outlets to process what you are experiencing. For me, writing has been an incredible help! I hope that my book will be helpful to others, as well.

Tiffany Hill-Patterson writes about health, parenting, fitness and pop culture. She is author of Sound Check Mama, a blog about cochlear implant awareness, music, sports and writing. Contact her at patterson1723@mac.com or http://tiffanihillpatterson.com.

Editor’s Note: If a Tree Falls is available for $16.95 from The Feminist Press, www.feministpress.org/books/jennifer-amy-rose/if-tree-falls.
Cuando Jennifer Rosner descubrió que su hija primogénita, Sophia, era sorda, se entristeció profundamente. "Los sueños que ni siquiera sabía que tenía —sueños llenos del canto y parloteo de una niña— empezaron a marchitarse dentro de mí", dice la autora en su libro, *If a Tree Falls: My Family’s Quest to Hear and Be Heard (Si cae un árbol: la búsqueda de mi familia para oír y ser oída),* de la editorial The Femenist Press.

Y el hecho de descubrir que en su familia la pérdida de la audición se remontaba a varias generaciones lo hizo aún más difícil. Después de recibir la noticia de que Sophia no había pasado el examen de audición para recién nacidos, el padre de Rosner le envió por fax el árbol genealógico de la familia y en él aparecían algunos nombres con notaciones de "sordo y tonto". Cuando el marido de Rosner, Bill Corwin, trató de tranquilizarla asegurándole que todo iba a estar bien, ella le preguntó, "¿Cómo? Si la sordera nos sigue por todas partes".

Para poder enfrentarse a sus sentimientos de pérdida y frustración, Rosner se embarcó en una búsqueda de su niñez y antepasados, que explica detalladamente en *If a Tree Falls (Si un árbol cae).* Rosner habla en este libro de cómo la pérdida de audición de su hija se convirtió en el lazo que la unió más a su familia.

**Tiffani Hill-Patterson:** ¿Qué la llevó a escribir *If a Tree Falls?* ¿Cómo fue el proceso de escribir el libro?

**Rosner:** Al principio, la escritura era mi manera de procesar todo lo que yo estaba sintiendo y experimentando como madre primeriza de una niña sorda. Escribía "escenas" de nuestra vida cotidiana, y de inmediato sentía un enorme alivio emocional y entendía con más claridad lo que estaba pasando.

Cuando descubrí que tenía antepasados sordos, sentí la necesidad de saber más sobre la historia de nuestra familia. Me embarqué en una investigación genealógica extensa. Pero los "datos" que descubrí no me revelaron ningún "detalle" de la vida de mis antepasados. Fue en ese momento cuando cambió lo que estaba escribiendo, me di cuenta de que necesitaba inventarme lo que no podía descubrir, así que empecé a imaginar la vida de mis tátara tías sordas. Al final llegó a la conclusión de que la búsqueda de mis antepasados contenía un significado más profundo: estaba buscando modelos de conexión a lo largo de los años.

Cuando estaba escribiendo este libro aprendí muchas cosas sobre mí misma. Empecé la experiencia de ser madre temiendo mi propia capacidad de oír y escuchar porque en mi infancia a menudo sentía que no se me escuchaba. La exploración de la sordera dentro de mi familia (de manera literal y metafórica) me ayudó a comprender mi historia, y a obtener una perspectiva para estar presente mientras mis hijas estaban creciendo.

**Patterson:** ¿Siente que la sordera de sus hijas, Sophia y Juliet, la ha conectado más a su familia?

**Rosner:** Sí. La sordera de mis hijas me ha ayudado a ver a mi familia como parte de una línea más larga. Esto también me ayudó a comprender mucho mejor a mi madre (que también tiene una pérdida de audición), y mis experiencias de la infancia con ella. Pienso que en parte estaba confundida sobre qué tan grande había sido el impacto de la pérdida de audición de mi madre sobre su capacidad de concentración. No siempre se daba el caso de que ella no me escuchara literalmente, ella era capaz de dejar de prestar atención. Mi madre era capaz de desconectarse, y eso fue lo más duro para mí. Su pérdida de atención jugó un papel en su falta de atención.

**Patterson:** ¿Qué piensa que es más duro, saber que existen antecedentes de sordera en la familia, o saber que no hay ningún antecedente previo? ¿Por qué?
Rosner: No se lo sabría decir. Nosotros supimos que la sordera de nuestras hijas se debía a la conexina-26, una mutación genética; a lo mejor ya sólo el hecho de contar con una “explicación” es un consuelo.

Patterson: ¿Al principio, qué era lo que más le preocupaba de la sordera de sus hijas?

Rosner: En el sentido más amplio, me preocupaban las oportunidades que podrían tener. Me preocupaba que sus mundos fueran a ser muy restringidos si no eran capaces de escuchar y comunicarse en la lengua hablada. Luego, hay otras cosas en particular que te entristecen, como no poder oír el ruido de las hojas al moverse. Me dolía imaginarme que no podrían oír todos los sonidos bonitos. En cuanto al aspecto social, me preocupaba que pudieran estar aisladas o marginadas o excluidas.

Patterson: ¿Ha cambiado esa preocupación?

Rosner: Ha cambiado, porque siento que tienen todas las oportunidades a su alcance. La preocupación ya no es tan amplia ni general. Es mucho más específica. Gracias a los audífonos e implantes mis hijas oyen. Pero aún así, cuando duermen en casa de las amigas no oyen los que ellas susurran en voz baja. Si una amiga al salir de clase le grita por encima de los hombros que todos se van a juntar a las 3:00 después de salir del cole, es posible que mis niñas no la hayan entendido. Todavía me preocupa que puedan sentirse excluidas en situaciones de ese tipo.

Cuando me dijeron que mis hijas tenían una pérdida de audición me llevé un shock. ¿Cómo sería todo? Pero ahora estamos conectadas completamente. Creo que es posible que le haya dado demasiada importancia a esas cosas. ¡Ahora, me parece a veces como si me hubiera preocupado en exceso!

Patterson: ¿Cómo están ahora Sophia y Juliet?

Rosner: ¡Sophia y Juliet están floreciendo de verdad! En aquellos primeros días, llenos de preocupaciones, nunca me hubiera podido imaginar que sería así. Mis hijas me sorprenden a diario, cantan y tocan música hermosa (Sophia toca el piano y Juliet el violín); hablan por teléfono con sus amigos.

Creo que ahora que se están haciendo mayores, lo que más me preocupa son las situaciones sociales. Pero también tengo fe de que pueden luchar por lo que necesitan, y de que donde quiera que vayan personas bondadosas las aceptarán.

Patterson: ¿Cuál es el mensaje que espera enviar a otras familias con su libro?

Rosner: Espero que para las familias que estén criando niños sordos o con dificultades para oír mi libro sea una fuente de consuelo. Las decisiones que todos tomamos sobre nuestros niños van acompañadas a menudo de una gran ansiedad. ¡Pero lo maravillosos que son nuestros niños supera con creces las preocupaciones que sentimos por ellos!

Creo que este libro, en general, puede ayudar a comprender y dar una perspectiva del mundo de la sordera: es para aquellos que se hayan preguntado si en verdad oyen a los demás, o si son oídos.

Patterson: ¿Qué consejo le daría a otros padres de niños con pérdidas de audición?

Rosner: Recuerde que los niños se sintonizan a usted de muchas maneras. Así que deje que las conexiones le lleguen, permanezca abierto. Recuerdo mi dolor inicial, dejé de hablarle, cantarle y susurrarle a mi hija. Me arrepiento de eso.

Además, busque el apoyo que necesite y encuentre las formas de poder procesar lo que usted está pasando. ¡A mí me ayudó muchísimo escribir! Espero que otros también encuentren mi libro útil.

Tiffani Hill-Patterson escribe sobre salud, crianza, fitness y cultura pop. Es la autora de Sound Check Mama, un blog sobre concientizar sobre los implantes cocleares, la música, el deporte y la escritura. Puede ponerse en contacto con ella en patterson1723@mac.com o http://tiffanihillpatterson.com.

Nick Fina and I have had the pleasure of meeting twice here at the Volta Bureau, AG Bell’s headquarters in Washington, D.C. Each time we have met it has been to discuss the work he is doing in Delaware. Nick is leading a coalition of parents, educators, advocates and health care professionals in Delaware to ensure families who want a listening and spoken language outcome for their children who are deaf or hard of hearing have services available to them, from public early intervention programs through the K-12 school system.

Alex Graham: What’s your connection with hearing loss?

Nick Fina: I am a hard of hearing person who advocates for other people with hearing loss and their families.

A.G.: Tell me more about your personal experience.

N.F.: My parents knew that I had a hearing loss very early. One of my preschool memories was riding on a bus with my mother to the Alexander Graham Bell School for the Deaf in Cleveland, Ohio. That’s when my parents obtained confirmation of what they suspected – my loss at that time was likely considered moderate. Over the years, my hearing has degraded.

A.G.: What’s your history with hearing technology?

N.F.: I tried my first hearing aid as a sophomore in college in 1966. It was primitive technology and wearing it was a dreadful experience. I tried again seven years later with one of those models that had the electronics built into the templates of eye glasses. From 1977 to 2005 I wore two behind-the-ear hearing aids. I now use a cochlear implant on the right side and a hearing aid on the left. I also use some assistive technology – a captioned telephone and a vibrating alarm clock. I’ve used captioning support as an Americans with Disabilities Act (ADA) accommodation since 2003.

A.G.: Besides your hearing loss, what else qualifies you to work on issues related to children who are deaf or hard of hearing?

N.F.: My formal education began in kindergarten in 1952 and ended 57 years later when I received a doctorate in educational leadership from the University of Delaware. During those years my hearing loss progressed from moderate to severe-to-profound. I attended both public and parochial schools through grade 12, long before the era of special education. Before I worked on my doctorate I received one bachelor’s and two master’s degrees. My doctoral work focused on issues of disability in schools and workplace settings.

A.G.: Tell us more about your career.

N.F.: Most of it was in industry. I worked in the research and development department for a consumer products company in the early 1970s. After I received my MBA, I began a long career with Hewlett-Packard and Agilent Technologies in marketing and information technology. Agilent laid me off 10 days after I defended my dissertation.

A.G.: It sounds like fate was telling you to make a career change.

N.F.: Indeed!

A.G.: How long have you been an advocate for individuals with disabilities?

N.F.: I started getting involved as a founding member of the Delaware Chapter of Self Help for Hard of Hearing People, now known as the Hearing Loss Association of Delaware, in the mid-1980s. I was a member and chair of the State Rehabilitation Council in Delaware in the late 1990s. I’m currently a member of the Delaware State Council for Persons with Disabilities and the boards of some disability-related groups. I also volunteer for Cochlear Corporation. Unfortunately, I had overlooked AG Bell until recently but joined earlier this year.

A.G.: What issues are you working on in Delaware?

N.F.: For many years, Delaware has had a school for the deaf where American Sign Language (ASL) is the language of instruction. Traditionally in Delaware, if your child has any type of hearing loss you get a referral to the Delaware School for the Deaf.
A.G.: That’s how it was in most states until there was universal newborn hearing screening and listening and spoken language intervention for young children.

N.F.: Right. But in Delaware, I’m concerned that we haven’t seen changes in the education system to reflect the benefits of early identification, or that allow families to exercise their right to choose the language their child develops. In fact, the state recently committed $43 million to build a new residential school for the deaf, but there are no resources allocated to providing services for children and families who seek a listening and spoken language outcome. Unfortunately, this means that a large number of students who have hearing-focused Individualized Education Programs (IEPs) are not receiving services in an educational environment designed to meet their identified needs.

A.G.: Does the Delaware School for the Deaf use any oral methods?

N.F.: For early intervention they use a bilingual-bicultural approach, and the language of instruction for children ages 5 and up is ASL. I have been told the school philosophy is to let the child lead them in the direction of his or her natural inclination – either sign language or listening and spoken language. But as I understand it, a bilingual-bicultural approach does not adequately take advantage of a young child’s potential to develop language through listening at an early age; so in effect, the student is required to know ASL but is not supported to hear and talk. For a family who chooses to use ASL, this is an appropriate model – but it does not support families who choose a different language outcome.

A.G.: So now there’s a group in Delaware that’s working for change, right?

N.F.: Yes. It’s a grassroots organization called Making Language Choices Available to Delaware Families of Children with Hearing Loss. And since that’s quite a mouthful, we’re known more often as CHOICES Delaware, or CHOICES for short.

A.G.: Who’s involved in CHOICES?

N.F.: We have a core team of nine people. The group includes parents of children who are deaf or hard of hearing, adults with hearing loss, researchers, a world-renowned expert on infant language acquisition who teaches at the University of Delaware, audiologists, teachers of the deaf and a surgeon, who has completed dozens of cochlear implant procedures for young children in Delaware only to see them receive educational services that do not support listening and spoken language acquisition.

A.G.: What comes next?

N.F.: We’re raising awareness. We have a website, www.choices-delaware.org, where we’ve documented our findings. We make presentations to interested groups. As of May 22, the State Council for Persons with Disabilities was waiting for a response to a letter sent to Delaware’s Secretary of Education in support of our cause. We may be in a position now where people know us and know we’re not going to disappear. That’s a big step forward.

Formerly Clarke School for the Deaf/Center for Oral Education, we recently changed our name to Clarke Schools for Hearing and Speech. This change reflects our distinct mission of teaching children who are deaf and hard of hearing how to listen and talk; and it also highlights our multiple locations—which continue to grow!

We have also changed our logo to a vibrant mark celebrating the growth and success of Clarke children. Each day, we watch and listen to them as they blossom—gaining confidence and acquiring the ability to reach their full potential.

While Clarke has a new name and a new look, our mission remains unchanged: Providing children who are deaf and hard of hearing with the listening, learning and spoken language skills they need to succeed.
Social Ecologies
By Paul Jacobs, Ph.D.

Social Ecologies involve an individual’s purposeful pursuit, sustenance and maintenance of social and professional opportunities. This column identifies the chief barrier facing people who are deaf when interacting with a wide range of people. Some proactive strategies are prescribed to counteract this problem.

Approach Anxiety
Approach anxiety is an agitated state of mind that prevents people who are deaf from talking with new people when there are no real external barriers. I rank it as the single most damaging threat to people who are deaf. Why? Every genuine relationship begins and is continued through face-to-face conversation. Approach anxiety prevents us from maximizing our true potential as a friend, partner, family member, classmate or work colleague. The damage is therefore social, emotional and financial.

But it is also physical. The intense anxiety activates an acute stress response, or a fight-or-flight response, and releases adrenaline into the bloodstream. Consequentially blood vessels constrict, muscles tense, breathing and heart rates increase, blood sugar levels rise, and the immune system is weakened. Other physical symptoms can include shortness of breath, hot and dry cheeks, sweaty palms and a tight throat. A loss of oxygen to the brain may explain psychological symptoms such as confusion, panic and a total loss for words. Approach anxiety is therefore an unpleasant physiological state that may explain why many people who are deaf socialize with only a small number of familiar others, or with no one at all.

The Restrictive Mindset
Approach anxiety is caused by the larger psychological state called the “restrictive mindset” – a collective name for all the fears and limits we place upon ourselves. These learned thinking patterns have been influenced by others, the media and how we think of ourselves.

Socially, one of the unique problems of being deaf is that deafness is often viewed with considerable stigma. These negative associations can have a significant impact on the way others interact with people who are deaf. Such behaviors can include low expectations, denied opportunities, rejection and not truly appreciating the individual’s skills or personality. Psychologically, it is difficult to escape this influence. Negative past and present experiences can therefore shape our restrictive mindset. Therefore, approach anxiety can be best identified through the following cognitive barriers to real-time conversation.

Approach Anxiety Explained: Cognitive Barriers to Conversation
Five forms of cognitive barriers to conversation can trigger approach anxiety. Each are explained with specific negative self-talk that occurs when a person who is deaf experiences approach anxiety.

- Self-related doubt – “I won’t hear anything they say,” “I look ugly with my cochlear implant/hearing aids,” or “I make an idiot of myself when I misunderstand others.”
- Other-related doubt – “Others think I will cramp their style because I am deaf,” “They are enjoying their conversation and I’ll be interrupting them,” or “She probably has a boy/girlfriend.”
- Environmental doubt – “The background noise is too loud for me to hear” or “These people will laugh at me when I misunderstand.”
- Doubtful whole-of-life rationalization – “This is a waste of time and bound to fail,” “I’m not in the mood,” or “I already have friends and don’t need more.”
- Incorrect judgments – “These people are not attractive/intelligent enough for me” or “Hearing people don’t like talking with people who are deaf.”

The restrictive mindset can also extend to visual thoughts like being harshly judged, mocked, ignored, rejected or bullied by the person or group. Other images can include visualizing yourself as lonely and friendless, as less qualified, attractive or successful, or as a nuisance to all. In all, the cognitive barriers to conversation, or approach anxiety, convince us not to begin or continue conversation. In other words, to quit or never approach at all. As a result, conversation does not happen or is reduced to an awkward or poor interchange. This negative experience adds more anxiety to future conversations and to an overriding fear of social rejection. Worse still, little or nothing is learned of ourselves, of other people or of information sources that may improve our quality of life.

The Proactive Mindset
Approach anxiety can be significantly reduced by a proactive mindset – a system of practical cognitive and social skills. My “Reframing” column (Volta Voices, January/February 2010) showed a proactive mindset addressing general life deafness-related issues. Ten irrational deafness-related beliefs were replaced with proactive thought...
processes. The difference in real-time interaction, however, is controlling approach anxiety when the conversation begins and continues. First, convince yourself that the thinking and images of the restrictive mindset serve only one purpose: damage. Then reframe the cognitive barriers to conversation and act on the opportunities for conversation outlined below.

**Opportunities for Conversation**

Opportunities for conversation are created by proactive self-talk and visualization techniques. When performed well, these strategies can significantly reduce approach anxiety. Below are five types of opportunities for conversation related to positive self-talk that you can use in real-time conversation. These are the opposites to the previous list of barriers to conversation.

- **Self-related confidence** – “I am going to try some interesting topics of conversation until the conversation flows” or “The last time I messed up means nothing.”

- **Other-related confidence** – “They wouldn’t be interested in what I have to say,” “This is a chance to enjoy the conversation with them,” or “S/he may have a boy/girlfriend but I want to know what makes him/her an interesting person.”

- **Environmental confidence** – “I will be assertive and ask them to move to a quieter area” or “There is the potential for embarrassment but I can handle this if it happens.”

- **Confident whole-of-life rationalization** – “Someone here might be able to help me with a job/problem,” “I’m not in the mood but I’ll persevere until I enjoy the conversation,” or “I’m going to find out what these people have in common with myself and my friends.”

- **Correct judgments** – “Everybody has something in common with each other” or “People won’t make an issue of my deafness unless I make it a problem for them.”

Go further. Visualize how someone you admire would act in your situation. This is what I do: when using humor, I frequently imagine how Larry David of *Curb Your Enthusiasm* would play with the conversation to cause a laugh. In conversation, I often envision how my mentor, Dr. Joe Rosenstein, talks with warmth and interest in others. These visualization techniques and/or proactive self-talk can distract you from the anxiety of approaching or being approached. Instead of being worried or self-defeating, you behave in a positive way. When done well, something remarkable happens: you completely forget the anxiety and engage entirely with the conversation you are having. My “Persistence” column (published February 2010 online at www.agbell.org) contains many more conversational ideas.

**Reframe “Failure” as “Feedback”**

Approach anxiety can never be truly abolished, only mastered. Even master conversationalists still feel nervous when talking with strangers. Regardless, they know and behave in a manner that without risks – acting on opportunities for conversation – there can be no gain.

Only one definition of failure exists: the refusal to take risks – to do nothing. We have not failed when our efforts or approaches have been rejected or come to nothing. We get feedback. Mistakes don’t mean anything if we don’t regret them. Risks we have taken, however small, also provide us with the self-knowledge to improve future conversations.

People are born with just two instinctual fears: of loud noises and of heights. The fear of social rejection is therefore a learned fear – not something we are born with. Approach anxiety happens because we limit our potential and are not proactive.

Overcoming approach anxiety therefore helps to create and develop conversations. These conversations lead to relationships over time and distance. Through these social networks we gain quality of life, happiness, connectedness and financial rewards.

**Social Ecologies** is the final of eight themes that create Psychosocial Potential Maximization. The following exercise is your practical application of Social Ecologies.

**Exercise:**

There are two tasks. First, watch DVDs of your favorite comedian. Second, watch movies of your favorite actor/actress. Study how these people use their body language, respond to circumstances and speak. Imagine what they will be thinking using the opportunities for conversation outlined in this column.

**Quote:**

“Perfect courage is to do without witnesses what one would be capable of doing with the world looking on” – François de La Rochefoucauld, *Moral Maxims and Reflections*.

**Editor’s Note:** The next issue of this column, “Potential Maximization,” will be published in the September/October issue of Voltas.**

**Volta Voices** as well as on AG Bell’s website. **AG Bell encourages you to discuss this and all columns with Dr. Jacobs through AG Bell’s online community at www.agbell.org.**

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**Jean Weingarten**

**Peninsula Oral School for the Deaf**

- **Parent/Infant Center**
- **Cochlear Implant Program**
- **Mainstream Support Services**
- **Rhythmic Phonetics**

**JWPOSD is celebrating 40 years of helping hearing impaired children from birth-10 to listen, to speak and communicate in the world around them.**

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E-mail jwposd@jwposd.org • www.oralideafed.org

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I am deaf. And even though I have used a cochlear implant for most of my life, I do not hear perfectly nor do I speak perfectly. The summer weeks prior to entering high school and 9th grade were stressful. My mind was filled with questions: How difficult will it be to understand my teachers? How many of my classes will include lectures and will I be able to understand all that is said? How difficult will it be for me socially in a school with almost 4,000 students? As a high school student, I came up with communication and coping strategies I would like to share, as they made my education as a student with hearing loss much more enjoyable and somewhat easier.

**Accommodations: Be Proactive**

Every year before the start of a new grade, I got in touch with my itinerant teacher so that she could help me prepare for my first day of classes, and she sure did! She helped me arrange meetings with each of my teachers where we discussed the accommodations that I would need to be successful. For me, these included instructing each of my teachers on how to use my FM transmitter, requesting preferential seating at the front of the classroom to help me with my lip-reading, asking for a note-taker for classes with long lectures and requesting that closed captioning be used for in-class videos. By going in the week before school started, I saved myself from having to ask for accommodations on a limited bell schedule and in front of a full class of students (something that I have never found easy to do).

Having a hearing loss puts us at a disadvantage compared to most others when we arrive at high school, but never hesitate to ask for help; teachers love going out of their way to help their students succeed – if you can think of an accommodation that may help, never hesitate to ask for it.

**Go to Tutorials**

When I didn’t understand some of the information presented by my teacher in class, I would always make an effort to go for tutorials. Beginning in the 11th grade, I would go for tutorials almost every chance I could. At the time, I found my Advanced Placement Chemistry class particularly difficult; however, by going to tutorials and receiving one-on-one instruction in a quiet environment, I was able to learn some difficult concepts in no time at all! As for tutorials, my philosophy has always been that you can always go home and spend hours studying the material and maybe understand it in the end, or you can go in for tutorials, ask the teacher to repeat himself and learn the same material in possibly 30 minutes or less.

My hardest class was always English, and I’m sure it is the same with many students who are deaf or hard of hearing. Most of my English classes consisted of a lecture for which I would use a note-taker, but the amount of information I had to try to comprehend seemed overwhelming at times. To make matters more difficult, my classes would sometimes have group discussions during which I could hardly follow the conversation at all. On the days there were group discussions, I would go in for English tutorials after school and would ask my English teacher about some of the important concepts arising from the day’s discussion. My teachers would always explain some of the main points from the discussion so that I could use them in essays, free responses and other assignments. In particular, I remember my 11th grade English teacher always went into great detail if I needed her to – she never hesitated to help me understand! I could never come up with any direct ways to benefit from class discussions, but fortunately they became less frequent as I got older. I always did all my work and read everything I was assigned (even overviews on the Internet and Spark/Cliffs notes) to get ahead in order to compensate for classroom discussions.

**Be Social**

When I was 8 years old, my parents enrolled me in piano lessons and I continued taking them for almost eight years. I must say that learning an instrument has been one of the greatest time investments I have made in my life thus far! Sure, it was more difficult for me to learn than a child with typical hearing (as I saw myself in comparison to my brother) but it is possible! By learning an instrument I became accustomed to a broader range of sounds, but even more exciting (and probably to some people’s amazement) – I, a teenager who is deaf, can make music with my own two hands! Once in high school, I thought finding new friends would be difficult so with my musical experience, I joined the marching band in the percussion pit where I played drums, marimba and other keyboards. High school bands and orchestras are excellent opportunities to
meet new people: everybody is broken up into their individual sections according to instrument, and with the amount of time devoted to practices and performances you get to know each other very well. I made several very good friends in band. I would also strongly recommend becoming a participant in some of the clubs your school has to offer. If there is a club that you might find interesting – join it! I was interested in learning sign language so I joined my school’s Deaf Culture Club. Being the only student with hearing loss in my school, the club sponsor was more than happy to have me there! I learned some sign language phrases and befriended everyone in the club. I had the opportunity to perform “Silent Night” in American Sign Language when we visited an all-deaf school, and until then I never realized how many others there were like me! I also joined the National Science Honor Society because of my keen interest in the science and technical fields. Joining clubs is a great way to meet new people because where else can you find people who have similar interests as you?

Going Forward
Beginning high school was very stressful for me as I thought I would fall behind my peers because of my hearing loss. However, as weeks went by I realized that I greatly benefited from the things mentioned above, and I had fewer worries about high school. Through my hard work and the help of my teachers I learned what was taught and I was able to make many new friends. In May of 2009 I graduated from high school with honors and began to consider the next chapter in my life. In choosing a university, I wanted to keep my learning environment as much like high school as possible. By applying to several smaller schools, I believed I would have more chances to learn things one-on-one from professors. All through high school I was most interested in mathematics, chemistry and human biology. Currently, I am a freshman at the University of Tulsa in Oklahoma studying chemical engineering with a pre-medicine minor. I received several generous academic scholarships, which made going to a private school more affordable for my family. At TU, most of my classes are similar in size to high school and so I have been able to continue using my coping strategies. I have gotten to know my professors well – one has even offered me a summer research opportunity in the chemical engineering field!

I am deaf. I do not hear perfectly nor do I speak perfectly. But I have worked hard and developed some coping strategies that made high school, and now university, a very positive experience. Although my future plans are still unclear, I do know one thing: success is my goal and failure is not an option!

Eric Sieloff was born in Sarnia, Ontario, Canada, in 1991. He became profoundly deaf at age 19 months from meningitis. He received a cochlear implant shortly thereafter and joined the VOICE for Hearing Impaired Children Auditory Verbal Program at North York General Hospital where the family received auditory-verbal therapy for several years from Warren Estabrooks. Sieloff was mainstreamed in the Lambton County Public School system until 2004 when he and his family moved to Houston, Texas, where he undertook a rigorous academic curriculum and graduated high school in 2009. He just completed his freshman year as an engineering student at the University of Tulsa in Oklahoma.
Directory of Services

**Alabama**

**Alabama Ear Institute**, 300 Office Park Drive, Suite 210, Birmingham, AL 35223 – (205-879-4234 – voice)

- (205-879-4233 – fax) – www.alaimearinstitute.org
- AIE Auditory-Verbal Mentoring Program – Training in spoken language development utilizing the A-V approach w/ continuing education workshops & mentoring by LSLS Cert AVTs. AIE Summer Institute in Auditory Vertal Therapy – two-week immersion in A-V approach
- Workshops and practicum experience w/instruction and coaching by LSLS Cert AVTs. The Alabama School for Hearing & Speech–school utilizing auditory/oral classroom approach - Auditory-Verbal therapy also provided. AIE - Education, research and public policy.

**Arizona**

**Desert Voices**, 3426 E. Shea Blvd., Phoenix, AZ 85028 – (602-234-2440 – fax) – info@desertvoices.phxom.com (email). Emily Lawson, Executive Director. Oral school for deaf and hard-of-hearing children from birth to nine years of age. Programs include Birth to Three therapy, Toddler Group, and full day Educational Program. Other services include parent education classes, speech and language evaluations, parent organization and student teacher placements. Desert Voices is a Moog Curriculum school.

**California**

**Auditory Oral School of San Francisco**, 1234 Divisadero, San Francisco, CA 94115 – (415-921-7678 (voice) – 415-921-2243 (fax) – offers auditory/oral day classes for toddlers, PreKindergarten and K-2 levels with daily individual therapy. Also consultation and itinerant teacher of the deaf services; aural rehabilitation for children and adults; family education groups, and workshops. Our experienced staff includes credentialed teachers of the deaf and speech therapists, all with specialized training in CI technologies. Contact Janet Christiansen, M.A., at jane@auditoryoral.sf.org.

**Auditory-Verbal Services**, 10623 Emerson Bend, Tustin, CA 92782 – 714-573-2143 (voice) – email KarenAT5Wool.com – Karen Rothwell-Vivian, M.S.Ed. M.A. C.C.A. LSLS Cert AVT. Listening and Spoken Language Specialist - Certified Auditory-Verbal Therapist providing Auditory-Verbal Therapy and in both audiological and educational consultation for children from infancy through college age. Auditory Rehabilitation is also provided for adults. Extensive expertise with cleft palate, cochlear implants, and FM systems.

**Auditory-Verbal Therapy Services**, 980 E. Mountain Street, Pasadena, CA 91104 – 626-798-3903 (voice) – babyswert_certav@live.com (email). Beatriz Sacket, M.S. Ed., LSLS Cert AVT, bilingual English and Spanish. Offering Auditory-Verbal Therapy services to children ages six and above and their families. Services provided to children with hearing aids and/or cochlear implants. Please call the office at 626-798-3903 or email to see if de monla therapy Audita-Verbal les podría ayudar.

**Children’s Choice for Hearing and Talking**, CCHAT Center – Sacramento, 11100 Coloma Road, Rancho Cordova, CA 95670 – 916-361-7290
- “Child care information, speech and language therapy for children ages 0-3, Auditory/Oral day school educating children and their families from birth through early elementary grades. Other programs include adult cochlear implant support, parent-infant program, on-site audiological services and mainstreaming support services. The school is staffed with credentialed teachers, licensed speech-language pathologists and a licensed audiologist.

- Vicki Isbida, Echo Center Director. Private elementary school serving children from birth to 21 years.
- Speech and language, auditory skills and academic follow-up.

**HEAR Center**, 301 East Del Mar Blvd., Pasadena, CA 91103 – 626-796-2016 (voice) – 626-796-2320 (fax)
- Specializing in audiological services for all ages.
- Auditory-Verbal individual therapy, birth to 21 years.

**HEAR to Talk**, 547 North June Street, Los Angeles, CA 90004 – 323-464-3040 (voice) – Sylvia@hear2talk.com (email) – www.hear2talk.com
- Sylvia Rottfleish, M.S.C.A. LEED, CCC, Certified Auditory-Verbal Therapist, LSLS Cert AVT, Licensed Audiologist, California NFA Certified. Trained by Dr. Ling. Extensive expertise with cochlear implants and hearing aids.

**Jean Weingarten Peninsula Oral School for the Deaf**, 3518 Jefferson Avenue, Redwood City, CA 94062 – (650-365-7890) - jwpos@jwpos.org (email) – www.oraleafed.org/schools/jwpool (website) Kathleen Daniel Susman, Executive Director; Pamela Musladin, Principal. An auditory/oral program where deaf and hard of hearing children listen, think and talk. Cognitive based program from birth through mainstreaming into 1st or 2nd grade. Students develop excellent language, listening and social skills with superior academic competencies. Cochlear Implant Habilitation, mainstream support services and Family Center offering special services for infants, toddlers and their families.

**John Tracy Clinic**, 806 West Adams Blvd., L.A., CA 90007 – 213-748-5481 - 800-522-4582 (parents) – www.jtc.org – Since 1942, free worldwide Parent Distance Education Program and on-site comprehensive audiological, counseling and educational services for families with children ages birth thru 5 years. Intensive 3-week Summer Sessions (ages 2-5) with Sibling Program. Online and tiered level options for accredited Master’s and Certificate in Deaf Education.

**Let’s Talk About It** 207 Santa Anita Street, #300, San Gabriel, CA 91776 – 626-427-6985 (voice) – blakusa.avt@gmail.com (email) – Bridgette Klaus, M.S.Ed., LSLS Cert AVT. Providing Auditory-Verbal therapy for children with a hearing loss and their families. Services for individuals with hearing aids and/or cochlear implants, infancy through adulthood.

**The Alexander Graham Bell Association for the Deaf and Hard of Hearing is not responsible for verifying the credentials of the service providers below. Listings do not constitute endorsements of establishments or individuals, nor do they guarantee quality.


**No Limits Speech and Language Educational Center and Theatre Program**, 1801 Washington Blvd., 2nd Floor, Culver City, CA 90232 – 310-280-0878, 800-948-7712 – www.nolimitspeaksout.com. Free individual auditory, speech and language therapy for DHH children between the ages of five and eighteen as well as a biweekly literacy program, computer training, weekly parent classes and a nationwide theatrical program.

**Oralingua School for the Hearing Impaired**, North Campus – 7056 S. Washington Avenue, Whittier, CA 90602 – 562-945-8391 (voice) 562-945-0386 (fax info@oralingua.org) (email) – www.oralingua.org (website) South Campus – 221 Pawnee Street, San Marcus, CA 92078 – 760-471-5187 (voice) 760-591-4631 (fax)
- Where Children are Listening and Talking! An auditory/oral program serving children from infancy to 11 years old. Auditory, Speech, Itinerant, AVT Therapy, and other related Designated Instructional Services available. Contact Elia J. Roche, Executive Director.

**Training and Advocacy Group for Deaf & Hard of Hearing Children and Teens (TAG)**, 13693 San Vicente Blvd. #559, Los Angeles, CA 90049, 310-339-7878, tagkids@outlook.com, www.tagkids.org, Leah Ilan, Executive Director. Offers free group meetings for d/h children and teens from 5th grade through high school to provide socialization and advocacy training. Half-day workshops for high school seniors are given to prepare students for college or employment. Groups are held in schools during weekdays and in the community during the weekends. The sessions are each two hours long with 8-12 participants. Parent workshops and special extracurricular outings are also offered throughout the school year.


**Colorado**

**Bill Daniels Center for Children’s Hearing**, The Children’s Hospital - Colorado, Department of Audiology, Speech Pathology and Learning Services, 13125 East 16th Avenue, 8030 Medical Center Campus, Aurora, CO 80045 – www.thechildrenshospital.org (website) – 720-777-6531 (voice) – 720-777-6885 (TTY).
- We provide comprehensive audiological and speech-language services for children who are deaf or hard-of-hearing (ages through 23 years). Our
pediatric team specializes in family-centered care and includes audiologists, speech-language pathologists, a deaf educator, family consultant, and clinical social worker. Individual, group and parent educational support and programs are designed to meet each family desire for their preference of communication needs. We also provide advanced technology hearing aid fitting and cochlear implant services.

Rocky Mountain Ear Center, P.C. • 601 East Hampden Avenue, Suite 330, Englewood, CO 80113 • 303-783-9220 (voice) • 303-806-6629 (fax) • www.rockymountainear.com - Full-service hearing aid, cochlear implant and BAHA balance, facial nerve and ear disorders and we provide a full range of neurology and audiology services for all ages, ranging from infants to seniors. Using a multi-disciplinary approach, our board-certified otologist specializes in the diagnosis, evaluation, management and surgical treatment as well as language therapy and support groups, and are actively involved in various research studies.

**Connecticut**

CREC Soundsource, 123 Progress Drive, Specializing in auditory-verbal therapy (website) • 859-4260 (voice) • 860-257-8500 (fax) • www.crecsoundsource.com (website) - Dr. Elizabeth B. Cole, Program Director. Comprehensive program for infants, children, and adults with cochlear implants, specializing in prelingual individualized mapping. Post-implant rehabilitation for children who are deaf or hard of hearing from infancy to elementary school age. Children receive language-rich lessons and highly individualized instruction in a nurturing environment. Teachers and staff work closely with parents to instill the knowledge and confidence children need to reach their full potential. Early intervention programs, auditory support services, auditory-verbal therapy, mainstreaming opportunities, and independent educational evaluations. Established in 1988.


**Florida**

Bolesta Center, Inc, 7205 North Habana Avenue, Tampa, FL 33614 – 813-932-1184 (voice) • 813-932-9583 (fax) • joee@bolestacenter.org (email) • www.bolestacenter.org (website) - Non-profit Listening and Spoken Language Center dedicated to teaching children who are deaf and hard of hearing to listen and speak. No family turned away based on ability to pay. Services provided to families, professionals, and school districts. Specializing in auditory-verbal therapy, educational outreach, and professional development programs. Kids and professionals immersion and summer programs available. Talk to us about our success with late implanted children! Contact Judy Horvath, LSL, Cert. AVEd.

Clarke Schools for Hearing and Speech/ Jacksonvile, 8557 St. Augustine Rd., Jacksonville, FL 32257 – 904-880-9000 (voice) • info@clarkefs.org (website) • www.clarkefs.org • Susan G. Allen, Director. Serving families with children with hearing loss, services include early intervention, toddler, preschool, PreK/kindergarten, primary, parent support, individual listening, speech and language services, and cochlear implant habilitation and mainstream support.

Orange County Auditory-Oral Program for the Deaf, 1600 East kaleyle St., Orlando, FL 32806 – 407-897-6420 (voice) • 407-897-2407 (fax) • www.eak.ops.cps.k12.fl.us - Available to residents of Orange and Lake Counties. We assess self and family’s living environment with partial and full-time mainstream options.

**Georgia**

Atlanta Speech School – Katherine Hamm Center, 3100 N Highland Avenue, Atlanta, GA 30307 – 404-233-5332 ext. 3119 (voice) • 404-246-8011 (voice) • 404-633-6403 (fax) • listen@avcarts.org (email) • www.avcarts.org (website) - Atlanta Speech School – Katherine Hamm Center, 1600 East kaleyle St., Atlanta, GA 30307 – 404-233-5332 ext. 3119 (voice) • 404-246-8011 (voice) • 404-633-6403 (fax) • listen@avcarts.org (email) • www.avcarts.org (website) - A Listening and Spoken Language program serving children who are deaf or hard of hearing from infancy to elementary school age. Children receive language-rich lessons and highly individualized instruction in a nurturing environment. Teachers and staff work closely with parents to instill the knowledge and confidence children need to reach their full potential. Early intervention programs, auditory support services, auditory-verbal therapy, mainstreaming opportunities, and independent educational evaluations. Established in 1988.

Auditory-Verbal Program, Inc – Atlanta, 1901 Century Boulevard, Suite 23, Atlanta, GA 30339 – 404-633-8011 (voice) • 404-633-6403 (fax) • listen@avcarts.org (email) • www.avcarts.org (website) - A Listening and Spoken Language program serving children who are deaf or hard of hearing from infancy to elementary school age. Children receive language-rich lessons and highly individualized instruction in a nurturing environment. Teachers and staff work closely with parents to instill the knowledge and confidence children need to reach their full potential. Early intervention programs, auditory support services, auditory-verbal therapy, mainstreaming opportunities, and independent educational evaluations. Established in 1988.

Auditory-Verbal Center, Inc – Atlanta, 1901 Century Boulevard, Suite 23, Atlanta, GA 30339 – 404-633-8011 (voice) • 404-633-6403 (fax) • listen@avcarts.org (email) • www.avcarts.org (website) - A Listening and Spoken Language program serving children who are deaf or hard of hearing from infancy to elementary school age. Children receive language-rich lessons and highly individualized instruction in a nurturing environment. Teachers and staff work closely with parents to instill the knowledge and confidence children need to reach their full potential. Early intervention programs, auditory support services, auditory-verbal therapy, mainstreaming opportunities, and independent educational evaluations. Established in 1988.

**Illinois**

American Institute for the Deaf (AID), 705 East 63rd Street, Chicago, IL 60637 – 773-866-2426 (voice) • 773-866-6411 (fax) - The AID’s comprehensive services include: Auditory-Verbal, Speech Therapy, Consultation, Counseling, and Audiology. We also partner with other agencies to offer a more holistic approach to addressing the needs of people with hearing loss.

IL Community School for the Deaf, 2300 N. Cleveland Avenue, Chicago, IL 60625 – 773-586-1000 (voice) • 773-586-1001 (fax) – info@ilcsd.org (email) • www.ilcsd.org (website) - The IL Community School for the Deaf is a progressive educational environment for students with hearing loss.

Child’s Voice School, 1000 South Street, Westfield, NJ 07090 – 908-232-0500 (voice) • 908-232-3307 (fax) • info@childsvoice.org (email) • www.childsvoice.org (website) - Child’s Voice School is a Mainstream School for Children who are Deaf or Hard of Hearing.

**Indiana**

St. Joseph Institute for the Deaf – South Bend, 1092 Waldo Road, South Bend, IN 46615 – 574-233-2451 (voice) • 574-233-2452 (fax) - St. Joseph Institute for the Deaf – South Bend is a residential school offering a unique and highly individualized educational and social experience to deaf and hard of hearing children ages 3-18. Our program is unique in that it is the only one in the state of Indiana that caters specifically to deaf children.

**Idaho**

Idaho Educational Services for the Deaf and Hard of Hearing, 1436 Main Street, Hailey, ID 83333 – 208-934-4457 (voice) • 208-934-8352 (fax) • seidaho@idaho.gov (email) • IESDB serves birth to 21 year old youth with hearing loss through parent-child, on-site, and outreach programs. Options include auditory/oral programs for children using spoken language birth through second grade. Audiology, speech instruction, auditory development, and cochlear implant habilitation is provided.

**Iowa**

Alexander Graham Bell Montessori School (AGBMS), www.agbms.org • 847-297-4660 (voice) • info@agbms.org (email) • www.agbms.org (website) - AGBMS is a Montessori School educating children ages 3-12 who are deaf or hard of hearing in a nurturing environment with hearing peers. Teacher of Deaf Speech/Language Pathologist/Reading Specialist/Classroom Teachers emphasize language development and literacy utilizing Cued Speech.

**Kentucky**


**Louisiana**

**Maine**

**Maryland**

**Massachusetts**

**Michigan**

**Minnesota**

**Mississippi**

**Missouri**

**Nebraska**

**New Jersey**

**New Mexico**

**New York**

**North Carolina**

**North Dakota**

**Ohio**

**Oklahoma**

**Oregon**

**Pennsylvania**

**Rhode Island**

**South Carolina**

**South Dakota**

**Tennessee**

**Texas**

**Utah**

**Virginia**

**Washington**

**West Virginia**

**Wisconsin**

**Wyoming**

**DIRECTORY OF SERVICES**
**Directory of Services**

**Maryland**

The Hearing and Speech Agency’s Auditory/Oral Center, 5900 Metro Drive, Baltimore, MD 21215 • (voice) 410-318-6780 • (TTY) 410-318-6759 • (fax) 410-318-6759 • Email: hasa@hasta.org • Website: www.hasa.org. Jill Berie, Educational Director, Olga Polites, Clinical Director, Heather Eisinger, Teacher of the Deaf/Director. Auditory/Oral education and therapy program for infants and young children who are deaf or hard of hearing. Self-contained, state-of-the-art classrooms located in the Gateway School approved by the Maryland State Department of Education. Additional services include speech-language therapy, family education and support, pre- and post-cochlear implant habilitation, collaboration and support of inclusion, audiological management and occupational therapy. The Hearing and Speech Agency’s Auditory/Oral preschool program, “Little Ears, Big Voices” is the only Auditory/Oral preschool in Baltimore. In operation for more than five years, it focuses on preparing children who are deaf or hard of hearing to succeed in mainstream elementary schools. Applications for all Auditory/Oral Center programs are accepted year-round. Families are encouraged to apply for scholarships and financial assistance. HASA is a direct service provider, information resource center for professionals aiming at certification from the AG Bell Academy for Listening and Spoken Language. Clarke Schools for Hearing and Speech/Boston Area, 1 Whitman Road, Canton, MA 02021 • 781-821-3499 (voice) • 781-821-3904 (tty) • info@clarkeschools.org, www.clarkeschools.org. Cara Jordan, Director. Serving families of young children with hearing loss, services include early intervention, preschool, kindergarten, parent support, cochlear implant habilitation, and mainstream services (itinerant and consultation).

Clarke Schools for Hearing and Speech/Northampton, 47 Round Hill Rd, Northampton, MA 01060 • 413-584-3450 (voice/tty) • info@clarkeschools.org, www.clarkeschools.org. Bill Corwin, President. Early intervention, preschool, day and boarding school through 8th grade, cochlear implant assessments, summer programs, mainstream services (itinerant and consultation), evaluations for infants through high school students, audiological services, and graduate-teacher-education program.

**Massachusetts**

Auditory-Verbal Communication Center (AVCC), 544 Washington Street, Gloucester, MA, 01930 • 978-282-0025 (phone) • avcc@avccilent.com (e-mail) • www.avccilent.com • Listening and Spoken Language Specialists: James G. Watson, MSc, CED, Cert. AVT, and Lee D. Watson, MS, CCC-SLP, Cert. AVT. AVCC is a husband-wife team offering parent guidance for infants and preschoolers, school support, adult therapy, world-wide consultation for programs, distance (online) therapy for families, supervision and training (online) for professionals aiming at certification from the AG Bell Academy for Listening and Spoken Language.

**SoundWorks for Children**, 18 South Main Street, Topsfield, MA 01983 • 978-887-8674 (voice) • soundworksforyoungchildren@verizon.net (e-mail) • Jane E. Driscoll, MED, Director. A comprehensive, non-profit program dedicated to the development of auditory-verbal skills in children who are deaf or hard-of-hearing. Specializing in cochlear implant habilitation and offering a full continuum of inclusionary support models from preschool through high school. Early Intervention services and social/self-advocacy groups for mainstreamed students are offered at our Family Center. Summer programs, in-service training, and consultation available.

**Michigan**

Monroe County program for Hearing Impaired Children, 3145 Prairie St., Ida, MI 48140-9776 • 734-269-3875 (voice/TTY) • 734-269-3885 (fax) • whitmanrwa.k12.mi.us (e-mail) • www.mids.k12.mi.us • Kathleen Whitman, Supervisor. Auditory/oral program, full continuum of services, birth to 25 years. Staff: 21.

Redford Union Oral Program for Children with Hearing Impairments, 18499 Beech Daly Rd. Redford, MI 48240 • 313-242-3510 (voice) • 313-242-3595 (fax) • 313-242-6286 (tty) • Dorothea B. French, Ph.D., Director. Auditory/oral day program serves 80 center students/250 teacher consultant students. Birth to 25 years of age.

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**Minnesota**

**Northeast Metro #916 Auditory / Oral Program**, 701 West County Road “B”, Roseville, Minnesota 55113 • 651-415-5399 (voice). The mission of the program is to provide an intensive oral education to children with impaired hearing. Centered-based services are provided in a least restrictive public school environment, combining oral specific early intervention services within the mainstream setting for students pre-school through kindergarten age. Birth to 3 services and parent/child groups are tailored to meet identified needs. Parent and professional workshops are offered. Referrals are through the local school district in which the family live.

**Northern Voices**, 1660 W. County Road B, Roseville, MN, 55113-1714, 651-639-2535 (voice), 651-639-1996 (fax), director@northernvoices.org (email), Kristina Blaiser, Executive Director. Northern Voices is a non-profit early education center focused on creating a positive environment where children with hearing loss and their families learn to communicate through the use of spoken language. Our goal is for students to become fluent oral communicators and to join their hearing peers in a traditional classroom at their neighborhood schools. Northern Voices is a Moog Curriculum School.

**Mississippi**

**DuBard School for Language Disorders**, The University of Southern Mississippi, 118 College Drive #10035, Hattiesburg, MS 39406-0001 • 601-266-5223 (voice) • dubard@usm.edu (e-mail) • www.usm.edu/dubard • Maureen K. Martin, Ph.D., CCC-SLP, CED, Director • The school is a clinical division of the Department of Speech and Hearing Sciences and serves children from birth to age 13 in its state-of-the-art facility. Working collaboratively with 22 public school districts, the school specializes in coexisting language disorders, learning disabilities/dyslexia and speech disorders, such as apraxia, through its non-graded, 11-month program. The Association Method, as refined and expanded by the late Dr. Etoile DuBard and the staff of the school, is the basis of the curriculum. Comprehensive evaluations, individual therapy, audiological services and professional development programs also are available. AA/EOE/ADA

**Magnolia Speech School**, Inc., 733 Flag Chapel Rd., Jackson, MS 39209 • 601-922-5330 (voice) • 601-922-5534 (fax) • sullivan@director@comcast.net (e-mail) • www.osreal.deaf.org • Anne Sullivan, M.Ed. Family Services (age 0 to 3 served free), Auditory/oral classrooms, association method classroom, audiological services, mainstream services, evaluations and outpatient services available in an 11-month school year.

**Missouri**

**CID – Central Institute for the Deaf**, 825 S. Taylor Avenue, St. Louis, MO 63110 • 314-977-0132 (voice) • 314-977-0037 (tty) • berkowitz@cid.edu (email) • www.cid.edu (website) • Lynda Berkowitz/Barb Lanfer, co-principals. Child- and family-friendly learning environment for children birth-12; exciting adapted curriculum incorporating mainstream content; Family Center for infants and toddlers; expert mainstream preparation in the CID pre-k and primary programs; workshops and educational tools for professionals; close affiliation with Washington University deaf education and audiology graduate programs.

**The Moog Center for Deaf Education**, 12300 South Forty Drive, St. Louis, MO 63141 • 314-692-7172 (voice) • 314-692-8594 (fax) • www.moogcenter.org (website) • Betsy Moog Brooks, Director of School and Family School, bbrooks@moogcenter.org. Services provided to children who are deaf and hard-of-hearing from birth to 9 years of age. Programs include the Family School (birth to 3), School (3-9 years), Audiology (including cochlear implant programming), mainstream services, educational evaluations, parent education and support groups, professional workshops, teacher education, and student teacher placements. The Moog Center for Deaf Education is a Moog Curriculum School.
The Moog School at Columbia, 3301 West Broadway, Columbia, MO 65203 • 573-446-1981 (voice) • 573-446-2031 (fax) • Judith S. Harper, CCC-SLP, Director • jharper@moogschool.org (e-mail).

Services provided to children who are deaf and hard-of-hearing from birth to kindergarten. Programs include the Family School (birth to 3), School (3 years to kindergarten). Mainstream services (speech therapy/academic tutoring), educational evaluations, parent education, support groups, and student teacher placements. The Moog School—Columbia is a Moog Curriculum School.

St. Joseph Institute for the Deaf – St. Louis, 1809 Clarkson Road, Chesterfield, MO 63017; (636) 532-3211 (voice/TTY); (636) 532-4560 (fax); www.sjid.org; mdaniels@sjid.org, Mary Daniels, M.A., Principal • mdaniels@sjid.org. An independent, Catholic auditory-oral school serving hearing impaired children birth through the eighth grade. Auditory-oral programs include early intervention, toddler and preschool classes, K-8th grade, I-Hear tele-therapy services, on-site audiology clinic, full evaluations, mainstream consultancy, summer education and student teacher placements. Mainstream academic accreditations (ISACS and NCA). Approved private agency of Missouri Department of Education. (See Indianapolis and Kansas for other campus information.)

Nebraska

Omaha Hearing School for Children, Inc., 1110 N. 66 St., Omaha, NE 68132 402-342-558-1546 ohs@hearingschool.org An OPTION Schools Accredited Program offering auditory/oral education for birth to three, preschool and K–3rd grades. Serving Omaha and the surrounding region.

New Hampshire

HEAR in New Hampshire, 11 Kimball Drive, Suite 103, Hooksett; NH 03106 • 603-624-4464 (voice) • www.HEARinhNH.org • Lynnda S. French, Director. New Hampshire’s only auditory-oral school for children who are deaf or hard of hearing. HEAR in NH serves children with all degrees of hearing loss from infancy through high school. Programs offered include parent/child play groups, preschool, pre-kindergarten, kindergarten and itinerant services for children in their community schools. Summer services, parent education/support, speech/language services and professional workshops are available.

New Jersey

HIP and SHIP of Bergen County Special Services - Midland Park School District, 41 E. Center Street, Midland Park, N.J. 07432 • 201-343-0982 (voice) • katrebo@bergenc.org (email) • Kathleen Tremi, Principal. An integrated, comprehensive pre-K-12th grade auditory oral program in public schools. Services include Auditory Verbal and Speech Therapy, Cochlear Implant habilitation, Parent Education, and Educational Audiological services. Consulting teacher services are available for mainstream students in home districts. Early Intervention services provided for babies from birth to three. SHIP is the state’s only 7-12th grade auditory oral program. CART (Computer Real Time Captioning) is provided in a supportive, small high school environment.

The Ivy Hall Program at Lake Drive, 10 Lake Drive, Mount Vernon, NY 10546 • 973-299-0166 (voice) • 973-299-9405 (fax) • www.mylv.org/ld, • Trish Filaci, MA, CCC-SLP, Principal. An innovative program that brings hearing children and children with hearing loss together in a rich academic environment. Auditory/oral programs include: early intervention, preschool, kindergarten, parent support, cochlear implant habilitation, itinerant services, OT, PT and speech/language services. Self-contained to full range of inclusion models available.

Speech Partners, Inc., 26 West High Street, Somerville, NJ 08876 • 908-231-9090 (voice) • 908-231-9091 (fax) • nancy@speech-partners.com (email). Nancy V. Schumann, M.A., CCC-SLP, Cert. AVT. Auditory-Verbal Therapy, Communication Evaluations, Speech-Language Therapy and Aural Rehabilitation, School Consultation, Mentoring, Workshops.

MOOG Curriculum Schools
A consortium of schools, across the country and beyond, working together to offer a model program for children with hearing loss who are learning to listen and talk.

Innovative scheduling allows children to learn in small groups of 2-3
Small groups give children lots of turns to participate and allow for highly individualized instruction
Curriculum focuses on spoken language development
Families are an integral part of their child’s learning
Collaborative efforts lead to improved teaching that capitalizes on early intervention and the newest technology
Our goal is for children to mainstream by first grade with skills commensurate with their hearing peers
Outcomes demonstrate high achievement
Summit Speech School for the Hearing-Impaired Child, P.M. Kirby Center is an exclusionary auditory-oral/auditory-verbal school for deaf and hard of hearing children located at 705 Central Ave., New Providence, NJ 07974 • 908-508-0011 (voice) • 908-508-0012 (fax) • info@summitspeech.org (email) • www.summitspeech.org (website) • Pamela Kowalski, Ph.D., CCC-SLP, Executive Director. Programs include Early Intervention/Parent (0-3 years), Preschool (3-5 years) and Parent Mainstream Support Services for children in their home districts. Speech and language, OT and PT and family support/family education services are provided. Auditory/oral services for children birth-21 and educational and audiological consultation is available for school districts.

New Mexico Presbyterian Ear Institute – Albuquerque, 415 Cedar Street SW, Albuquerque and Mobile Hearing 224-7204 (voice) • 505-224-7203 (fax) • Contact: Dawn Sandovar, Co-Lead Teacher. A cochlear implant center, auditory/oral school for deaf and hard of hearing children and parent infant program. Exists to assist people with hearing loss to better listen and speak and integrate into mainstream society.

New York Anne Kearney, M.S., LSLS Cert. AVR, CCC-SLP, Executive Director. Programs include Daily Auditory-Oral Intervention (primary-based and center-based), preschool, integrated preschool classes with children with normal hearing, multidisciplinary evaluations, parent support, Auditory-Verbal Therapy, complete audiological services, cochlear implant habilitation, central auditory processing (CAPD), testing and therapy, mainstreaming, ongoing support services following mainstreaming.

Center for Hearing and Communication (formerly the League for the Hard of Hearing), 50 Broadway, 6th Floor, New York, NY 10004 • 917-305-7700 (voice) • 917-305-7888 (fax) • 917-305-7899 (fax) • http://www.chhearing.org (website) Florida Office: 2900 W. Cypress Creek Road, Suite 3, Ft. Lauderdale, FL 33309 • 954-601-1938 (voice) • 954-601-1399 (Fax). A leading center for hearing and communication services for people of all ages who are hard of hearing or deaf. Comprehensive array of services include: audiology, otology, hearing aid evaluation, fitting and sales, communication therapy, cochlear implant training, assistive technology consultation, emotional health and wellness, public education, and programs and Mobile Hearing Testing Units. Visit http://www.chhearing.org to access our vast library of information about hearing loss and hearing conservation. For more information or to make an appointment, contact us at info@chhearing.org.

Clarke Schools for Hearing and Speech/ New York, 50 East Avenue, New York, NY 10028 • 212-585-3590 (voice) • info@clarke.org • http://www.clarkeschools.org • www.clarkschools.org • Merideith Berger, Director. Serving families of children with hearing loss, services include early intervention, preschool, evaluations (NY State approved Committee on Preschool Education Services; early intervention, Audiology, PT, OT and speech), hearing aid and FM system dispensing and distribution services including educational and physical therapy in a sensory gym and speech-language therapies.

Clearway School for the Deaf, 301 Smithtown Boulevard, Nesconset, New York 11767 • 631-588-0530 (voice) • 631-588-0001 (fax) • www.clearwayschool.org • Clearway School has three programs: a deaf infant program for children birth to 3 years, a deaf preschool program for children 3 to 5 years and a deaf elementary school for children 6 to 21. Clearway School is accredited by the National Association of the Deaf and is recognized by the New York State Regents. Clearway School is a deaf oral school where children communicate through speech. Clearway School is an inclusive school where children develop the skills needed to become full members of society.

Lexington School for the Deaf, 26-26 75th Street, Jackson Heights, NY 11370 • 718-350-3300 (voice) • 718-899-9946 (fax) • www.lexng.com • Dr. Regina Hopper, Superintendent, Ronni Hollander, Principal - rhollander@lexng.com (email). A state-supported program serving hearing impaired children birth to 5. Lexington School offers an extensive range of programs and services tailored to meet the needs of each child, including comprehensive educational, audiological, and speech-language services. Lexington School is a public school for children who are deaf or hard of hearing. Lexington School follows the New York State standards. Music/Dance, Physical Education (and swimming). Art, Library, as well as technology are part of the school schedule.

Long Island Jewish Medical Center: Hearing & Speech Center, 430 Lakeville Road, New Hyde Park, NY 11042 • 718-470-8502 (voice) • 718-470-5679 (fax). Long Island Jewish Medical Center: Hearing & Speech Center. A complete range of audiological and speech-language services is provided for infants, children and adults at our Hearing and Speech Center and Hearing Aid Dispensary. The Center participates in the Early Intervention Program, Physically Handicapped Children’s Program and accepts Medicaid and Medicare. The Cochlear Implant Center provides full diagnostic, counseling and rehabilitation services to individuals with cochlear implants and hearing loss. Support groups for parents of hearing impaired children and cochlear implant recipients are available.

Mill Neck Manor School for the Deaf, GOALS (Growing Oral/Aural Language Skills) Program, 40 postpon Mill Road, Mill Neck, NY 11765 • 516-922-4100 (voice) • markr@provstakz. Ph.D., Executive Director, Francine Bogdanoff, Assistant Superintendent. Publicly-funded integrated preschool program, serving Deaf and hard of hearing children (ages 3-5) on Long Island. Literacy-based program with auditory/oral approach, curriculum aligned with NY State Preschool Standards, music at home, audiology, speech, language therapy, related support services and family programs.

Nassau BOCES Program for Hearing and Vision Services, 740 Edgewood Drive, Westbury, NY 11590 • 516-933-8507 (Voice) • 516-933-8596 (TTY) • 516-933-8596 (Fax) • www.nassauboces.org (Web) • Jmasone@nassauboces.org (Email). Dr. Judy Mason, Principal. Provides full day New York State standards-based education, and technical support for children ages 3-5 within district-based integrated settings. An auditory/oral or auditory/sight support methodology with a strong emphasis on auditory development. Interventions include: Education, Auditory/oral therapy, and audiological support to children who are mainstreamed in their local schools. Services are provided by certified Teachers of the Deaf on an individual basis.

The Infant/Toddler Program provides programs and services designed to support the development of auditory skills and the acquisition of language, as well as parent education and support. Center-based instruction includes individual and small group sessions, speech, parent meetings and audiological consultation. Parents also receive 1:1 instruction with teacher of the Deaf and Hard of Hearing on a weekly basis. The program includes: 1. Comprehensive audiological services are provided to all students enrolled in the program, utilizing state of the art technology, FM assistive technology to maximize access to sound within the classroom, and cochlear implant expertise. Additionally, cochlear implant mapping support provided by local hospital audiology team will be delivered on site at the school.

New York Eye & Ear Cochlear Implant and Hearing & Learning Centers, 3714-A Benson Drive, PO Box 17644, Raleigh, NC 27619 • 919-850-2746 (voice) • 919-850-2806 (fax) • ralph@ncbegin.org (email) • Joni Alberg, Executive Director. BEGINNINGS provides emotional support, unbiased information, and technical assistance to parents of children who are deaf or hard of hearing, deaf parents with hearing children and professionals serving those families. BEGINNINGS assists parents to provide children with hearing losses and cochlear implant recipients from birth through age 21 by providing information and support that will empower them as informed decision makers, helping them access the services they need for their child, and promoting the importance of early intervention and other educational programs. BEGINNINGS believes that given accurate, objective information about hearing loss, parents can make sound decisions for their child about educational placement, communication methodology and related service needs.

North Carolina BEGINNINGS For Parents of Children Who Are Deaf or Hard of Hearing, Inc., 3714-A Benson Drive, PO Box 17644, Raleigh, NC 27619 • 919-850-2746 (voice) • 919-850-2806 (fax) • ralph@ncbegin.org (email) • Joni Alberg, Executive Director. BEGINNINGS provides emotional support, unbiased information, and technical assistance to parents of children who are deaf or hard of hearing, deaf parents with hearing children and professionals serving those families. BEGINNINGS assists parents to provide children with hearing losses and cochlear implant recipients from birth through age 21 by providing information and support that will empower them as informed decision makers, helping them access the services they need for their child, and promoting the importance of early intervention and other educational programs. BEGINNINGS believes that given accurate, objective information about hearing loss, parents can make sound decisions for their child about educational placement, communication methodology and related service needs.
**DIRECTORY OF SERVICES**

**CASTLE- Center for Acquisition of Spoken Language Through Listening Enrichment**, 5501-A Fortunes Ridge Drive, Suite A, Durham, NC 27713 • 919-419-1628 (voice) • www.spacesandhearing.com • pedropugs@castle An auditory/oral center for parent and professional education. Preschool and Early intervention services for young children including Auditory Verbal parent participation sessions. Hands-on training program for hearing-related professionals/ university students including internships, two week summer institute and Auditory Verbal Modules.

**Ohio**

**Auditory Oral Children’s Center (AOCOC),** 5475 Brand Road, Dublin, OH 43017 • 614-598-7335 (voice) • auditoryoral@columbus.rr.com (email) • http://auditoryoral at a non-profit auditory and spoken language development program for children with hearing loss. We offer a blended approach by combining an intensive therapy-based pre-school program integrated into a NAET preschool therapy. This program is offered by an Auditory-Verbal Therapist, Hearing-Impaired Teacher, and Speech Language Pathologist. Birth to three intervention, and parent support services are also available.

**Millridge Center/Mayfield Auditory Oral Program,** 950 Millridge Road, Highland Heights, OH 44143-3113 • 440-995-7300 (phone) • 440-995-7301 (fax) • www.mayfieldschools.org • Kindervater, Principal. Auditory/oral program with a full continuum of services, birth to 22 years of age. Serving 31 public school districts in northeast Ohio. Early intervention; preschool with typically developing peers; parent support; individual speech, language, and listening therapy; audiological services; cochlear implant habilitation; and mainstreaming in the general education classrooms of Mayfield City School District.

**Ohio Valley Voices,** 6642 Branch Hill Guinea Pike, Loveland, OH 45140-513-791-1458 (voice) • 513-791-4326 (fax) • mainoffice@ohiovalleyvoices.org (e-mail) • www.ohiovalleyvoices.org (website). Ohio Valley Voices teaches children who are deaf and hard of hearing how to listen and speak. The vast majority of our students utilize cochlear implants to give them access to sound, which in turn, allows them to learn and speak when combined with intensive speech therapy. We offer birth-to-age three program, a preschool through second grade program, a full array of on-site audiological services, parent education and support resources.

**Pennsylvania**

**Bucks County Schools Intermediate Unit #22, Hearing/Language Program,** 750 North Shady Retreat Road, Doylestown, PA 18901 • 215-348-2940 x1240 (voice) • 215-340-1639 (fax) • bucksciu.org • Keri Jan Miller, Ed.D., CCC-SLP, CED, Supervisor. A publicly-funded program serving local school districts with deaf or hard of hearing children (birth -12th Grade). Services include itinerant support, resource rooms, audiology, speech-language therapy, auditory-verbal therapy, C-Print captioning, and cochlear implant habilitation.

**Center for Childhood Communication at The Children’s Hospital of Philadelphia,** 3405 Civic Center Boulevard, Philadelphia 19104 • (800) 513-5480 (voice) • (215) 590-2561 (fax) • www.chop.edu (website). The CCC provides Audiology, Speech-Language and Cochlear Implant services and offers support through CASTIEH, an interdisciplinary program including mental health and educational services for children with hearing loss and their families from time of diagnosis through transition into school-aged services. In addition to serving families at our main campus in Philadelphia, satellite offices are located in Bucks County, Etna, King of Prussia, and Springfield, PA and in Voorhees, Mary’s Landing, and Princeton, NJ. Professional Preparation in Cochlear Implants (PPCI), a continuing education training program for speech-language pathologists, is also headquartered at the CCC.

**Delaware County Intermediate Unit # 25, Hearing and Language Programs,** 200 Yale Avenue, Morton, PA 19070 • 610-938-9600, ext. 2277 • 215/959-9856 (fax) • mohrwork@k12in.org (Program Highlights: A publicly funded program for children with hearing loss in local schools. Serving children from birth through 21 years of age. Teachers of the deaf provide language, auditory-verbal training support and itinerant hearing therapy throughout Delaware County, PA. Services also include audiology, speech therapy, cochlear implant habilitation (which includes LSLS Cert., AVT, and LSLS Cert. AVT) and psychology and social work.

**DePaul School for Hearing and Speech,** 6020 Alder Street, Pittsburgh, PA 15206 • (412)929-1012 (voice/TTY) • sldepaullinc@comcast.net (email) • www.speakmiracles.org (website). Lillian r. Lippencott, deaf education in Pennsylvania’s only auditory-oral school, has been serving families for 101 years. DePaul is a State Approved Private School and programs are tuition-free to parents and caregivers of approved students. Programs include early intervention services for children birth to 3 years; a center-based toddler program for children ages 18 months to 3 years; a preschool for children ages 3-5 years and a comprehensive academic program for grades K-8. Clinical services include audiology, speech therapy, cochlear implant mapping/habilitation services, physical and occupational therapy, mainstreaming support, parent education programs and support. AV services are also available.

**Western Pennsylvania School for the Deaf,** 500 East Swissville Avenue, Pittsburgh, PA 15205 • (412) 351-1401 (voice/TTY) • 412-344-4251 (fax) • scheinewe@wpsd.org (email) • www.wpsd.org (website). The Western Pennsylvania School for the Deaf (WPSD) is a non-profit, tuition-free school serving students with hearing loss from birth to twelfth grade in Pittsburgh and Scranton, PA. Founded in 1899, WPSD provides quality educational services and a complete extracurricular program in an all inclusive communication environment to over 320 deaf and hard-of-hearing children from birth through twelfth grade. WPSD is the largest comprehensive center for deaf education in Pennsylvania serving 138 school districts and 53 counties across the state.

**South Carolina**

**The University of South Carolina Speech and Hearing Center,** 1601 St. Julian Place, Columbia, SC 29016 • 803-777-2069 (voice) • 803-777-2068 (fax) • cse@usc.edu (e-mail). The center provides audiology services, speech-language therapy, adult aural rehabilitation programs and Auditory-Verbal therapy. Our audiology services include comprehensive evaluations, CAPD evaluations, and cochlear implant evaluations and programming. The University also provides a training program for AVT and cochlear implant management for professional/university students. Additional contacts for the AVT or CI programs include: Nikki Burrows (803-777-2642) or Wendy Fouts (803-777-2702).
**South Dakota**

South Dakota School for the Deaf (SDSD), 2001 East Eighth Street, Sioux Falls, South Dakota 57103, 605-367-5200 (phone) or 605-367-5209 (Fax) www.sdsd@sdbor.edu (website). South Dakota School for the Deaf (SDSD) serves children with hearing loss by offering services onsite for the Bilingual Program, with the Auditory Oral Program located at Fred Assam Elementary and Brandon Elementary with the Brandon Valley School District, and through its Outreach Program. Academic options include a Bilingual Program offering American Sign Language with literacy in English preschool through fifth grade and an Auditory/Oral Program for students using listening, language and speech for preschool through fifth grade. SDSD utilizes curriculum specific to meeting the needs of individual students with the goal of preparing students to meet state standards. Instructional support in other areas is available as dictated by the IEP, speech-language pathology, auditory training, dual enrollment, and special education. Outreach Consultants provide support to families across the state with newborns at age of three, while continuing to work with the families and school district personnel of children through age 21 who may remain in their local districts. Any student in South Dakota with aural rehabilitation, school visits, and may be eligible for services through Outreach, Bilingual or Auditory Oral Programs including complete multidisciplinary assessments.

**Tennessee**

Memphis Oral School for the Deaf, 7901 Poplar Avenue, Germantown, TN 38138 - 901-758-2228 (voice) - 901-531-6735 (fax) www.momksd.org (website) - tcwatts@momksd.org (email). Teresa Sanchez, Director. Parent-infant program, auditory/oral day school (ages 2 to 6), speech-language and cochlear implant therapy, mainstream services.

Vanderbilt Bill Wilkerson Center - National Center for Childhood Deafness and Family Communication, Medical Center East South Tower, 1215 21st Avenue South, Nashville, TN 37232-8718 - 615-936-5000 (voice) - 615-936-1225 (fax) www.vanderbilt.edu (email) - www.mc.vanderbilt.edu/VanderbiltBillWilkersonCenter (website). Tamala Bradham, Ph.D., Director. The NCCDFC Service Division is an auditory learning program serving children with hearing loss from birth through age 21. Services include educational services at the Mama Lere Hearing School at Vanderbilt as well as audiological and speech-language pathology services. Specifically, the Service Division includes audiological evaluations, hearing aid services, cochlear implant evaluations and programming, speech, language, and listening therapy, educational assessments, parent-infant program, toddler program, all day preschool through kindergarten educational program, itinerant/academic tutoring services, parent support groups, and summer enrichment programs.

**Texas**

Bliss Speech and Hearing Services, Inc., 12700 Hillcrest Rd., Suite 207, Dallas, TX 75230 - 972-387-2824 (voice) - 972-387-3007 (fax) - blisspeech@comcast.net (email) - Brenda Weinfield Bliss, M.S., CCC-SLP, FAIA, AVT®. Certified Auditory-Verbal Therapist® providing parent-infant training, coclear implant rehabilitation, aural rehabilitation, school visits, maine therapy, consultations, information, and orientation to deaf and hard-of-hearing children and their parents.

**Utah**

Callier Center for Communication Disorders/UT Dallas, Callier-Dallas Facility, 1966 Inwood Road, Dallas, TX 75235 - 214-905-3000 (voice) - 214-905-3005 (tty) - Callier-Richardson Facility: 811 Synergy Park Blvd., Richardson, TX 75080 - 972-883-3630 (voice) - 972-883-3605 (tty) - eyeo@utdallas.edu (email) - www.callier.utdallas.edu - Nonprofit organization, hearing evaluations, hearing aid dispensing, assistive devices, cochlear implant evaluations, psychology services, speech-language pathology services, and development training for children ages 6 weeks to 5 years.

The Center for Hearing and Speech, 3636 West Dallas, Houston, TX 77019 - 713-523-3633 (voice) - 713-874-1173 (TTY) - 713-523-8399 (fax) - info@centerhearingandspeech.org (email) www.centerhearingandspeech.org (website). Mama Lere Hearing School at Vanderbilt as well as AVT®. Certified Auditory-Verbal Therapist® providing parent-infant program, auditory/oral program serving children with hearing impairments from birth to 18 years. Services include: auditory/oral preschool; Audiology Clinic offering comprehensive hearing evaluations, diagnostic ABR, hearing aid and FM evaluations and fittings; cochlear implant evaluations and follow-up care; Speech-Language Pathology Clinic providing Parent Infant Therapy, Auditory-Verbal therapy, aural/evolution services. Many services offered on sliding fee scale and many services offered in Spanish.

Denise A. Gage, M.A., CCC, Cert. AVT® - Certified Auditory-Verbal Therapist, Speech-Language Pathologist, 3111 West Arkansas Lane, Arlington, TX 76016-0738 - 817-460-0378 (voice) - 817-469-1189 (metro/fax) - denise@denisegage.com (email) - www.denisegage.com - Over 25 years experience providing services for children and adults with hearing loss. Services include cochlear implant rehabilitation, individual therapy, educational consultation, on site and offsite Fast ForWord training.

Sunshine Cottage School for Deaf Children, 103 Tulea Dr., San Antonio, TX 78212 - 210-824-0579 - 210-826-0436 (fax) Founded in 1947, the auditory/oral school promotes early identification of hearing loss and subsequent intervention, working with parents and children from infancy through high school. Audiological services include comprehensive hearing evaluations for children of all ages, hearing aid fitting, cochlear implant programming and habilitation, maintenance of soundfield and FM equipment in the classroom. Programs include the Newborn Hearing Evaluation Center, Parent-Infant Program, Hearing Aid Loaner and Scholarship Programs, and Educational Programs (three years of age through 12th grade mainstream), Speech Pathology, Counseling, and Assessment Services. For more information visit www.sunshinecottagelife.org.

**Washington**

Listen and Talk – Education for Children with Hearing Loss, 8610 8th Ave, NE, Seattle, WA 98115 - 206-985-6646 (voice) - 206-985-6687 (fax) - hearlisten talked.org (email) - www.listen talked.org (website). Maura Berndsen, Educational Director. Family-centered program teaches children with all degrees of hearing loss to listen, speak, and think in preparation for inclusion in neighborhood schools. Services include early intervention (0 to 3 years), Auditory Verbal therapy, mainstreaming, parent support groups, school consultations, professional training workshops, community days, library. Three sites: Seattle, Federal Way, Issaquah.

**Wisconsin**

Center for the Deaf and Hard of Hearing, 10243 W. National Avenue, West Allis, WI 53227 414-604-2200 (voice) 414-604-7200 (Fax) www.cdhh.org (website) Amy Peters Lalios, M.A. - CCC, LSLS, Cert. AVT® as well as five LSLS Cert. AVEs. Nonprofit agency located in the Milwaukee area provides comprehensive audiological and cochlear implant services, professional listening devices, Aural Rehabilitation, counseling, support groups, school consultations, professional training workshops, community days, library. Three sites: Milwaukee, Callender, Greenfield.

**Directory of Services**

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AUDITORY-VERBAL CENTER, INC.

The Auditory-Verbal Center (Atlanta) is a leading provider of Auditory-Verbal Therapy for children with hearing impairments. Their program includes on-site audiology, cochlear implant mapping, parent-infant guidance, auditory-verbal therapy, music therapy, preschool, K, Primary 1-3, itinerant services, Talkabout program for children with delayed speech and language, audiology services, Ear Center for Infants and Toddlers, and a Cochlear Implant program for overseas children.

Montreal Oral School for the Deaf

Montreal Oral School for the Deaf, 6670 St. Catherine Street, West, Westmount, QC, Canada H3Z 1S5 • 514-488-4946 (voice) • 514-488-8802 (fax) • info@montrealoralschool.com (email) • www.montrealoralschool.com (website). Parent-infant Yanty WA program (0-3 years old), Full-time educational program (3-12 years old), Mainstreaming program in regular schools (elementary and secondary), Audiology, cochlear implant and other support services.

Saskatchewan Pediatric Auditory Rehabilitation Center (SPARC), Room 21, Ellis Hall, Royal University Hospital, Saskatoon, SK, S7N 0W8, Canada • 306-655-1320 (voice) • 306-655-1316 (fax) • lyme.brewster@usuak.ca (e-mail) • www.usask. ca/healtha/sparc • Rehabilitative services including Auditory-Verbal Therapy for children with hearing impairments. (Birth through school age).

Children’s Hearing and Speech Centre of British Columbia (formerly, The Vancouver Oral Centre for Deaf Children), 3575 Kaslo Street, Vancouver, British Columbia, V5M 3H4, Canada, 604-437-0255 (voice), 604-437-1251 (tty), 604-437-0260 (fax) • www.childrens/hearing.ca (website). Our auditory-oral program includes: on-site audiology, cochlear implant mapping, parent-infant guidance, auditory-verbal therapy, music therapy, preschool, K, Primary 1-3, itinerant services.

The Speech, Language and Hearing Centre

The Speech, Language and Hearing Centre, Christopher Place, 1-5 Christopher Place, Chalton Street, Buxton, London NW1 1JF, England • 0114-207-383-3834 (voice) • 0114-207-383-3059 (fax) • info@speechlang.org.uk (e-mail) • www.speech-lang.org.uk • Assessment, nursery school and therapeutic centre for children under 5 with hearing impairment or speech/language difficulties.
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AG Bell offers reading materials recommended by the AG Bell Academy for Listening and Spoken Language for LLSLS Cert. AVT and Cert. AVEd written test preparation and for professionals working with children with hearing loss. In addition, the AG Bell bookstore carries a wide selection of books, videos and resource materials on deafness and spoken language for parents of children with hearing loss.

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- Auditory-Verbal Therapy and Practice*
- Speech and the Hearing Impaired Child*
- Listen to This Volume 1 & 2 Now available on DVD
- SMILE - Structured Methods in Language Education
- Learn to Talk Around the Clock: An Early Interventionists Toolbox*
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- 50 FAQs About AVT*
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**Alexander Graham Bell**

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