

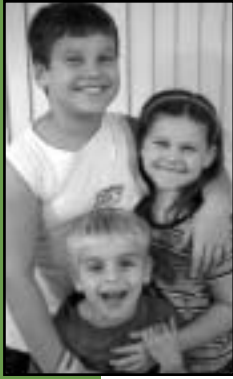


Experiencing the Journey

A Manual for Parents of Infants and Toddlers with a Hearing Loss

Dear Parent/Family Member,

As a mom to three deaf and hard of hearing children, I know first hand the difficulties and triumphs of raising children with hearing loss. As an adult with a profound hearing loss, I've experienced the impact of hearing loss in everyday life and how it has shaped the direction of my life. As with anything in life, there are days of hardship and days of joy.



I encourage you to experience the journey of raising a child who is deaf or hard of hearing with other parents as well as adults who are deaf or hard of hearing. Rest assured that you are not alone, and that you have many options for your family. As one mom of a hard of hearing daughter has often quoted, "Nothing is set in stone." As your child grows, you can evaluate the choices out there and plan accordingly.

When my children were diagnosed, I often found myself dealing with different agencies and a variety of services. There was no one, single source of information to guide me. We hope that this manual can provide you with the resources and guidance to eliminate the wondering of, "What services are out there and how do I obtain them?"

This manual is a collaborative effort by parents, adults who are deaf and hard of hearing, and professionals serving persons who are deaf and hard of hearing. Inside you will find information regarding hearing loss as well as resources within the State of Illinois. I hope that you find the information useful and helpful.

Wishing you a beautiful journey with your child,

Karen Putz

Mother to David, Lauren, and Steven
Parent Manual Committee Member

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What Now?

Your entire world changes when you have a baby. When your baby is diagnosed with a hearing loss, you may have many conflicting feelings and not know where to turn. It's important to know you are not alone. Approximately 1 out of every 1000 infants is born deaf. Many are born with lesser degrees of hearing loss. Ninety percent of these infants have parents who can hear and about 10% have parents who are deaf.

So, why did this happen to you?

Coming up with answers to this question may be like putting together a jigsaw puzzle with some of the pieces missing. There are many different causes of hearing loss. Your doctor, audiologist, and a geneticist may assist you in exploring the causes. In some cases, you may never identify a "cause." What's important is that you give your child love, support, and the very best services for developing language.

Most parents have no personal experience with hearing loss. Where do you start? It's important to obtain clear, unbiased information regarding communication options; different approaches to language development are used with children who are deaf or who have a hearing loss. Babies that can hear generally develop speech and language naturally, without conscious effort. Your child can also develop speech and language, but it will take a conscious effort to present your child with language in their environment whether it be only spoken language, American Sign Language (ASL), or the variety of options in between.



You want to make informed choices for your child and your family. Talk to the professionals assisting you. Take advantage of the services available to you. Be sure to keep all audiology, medical, and follow-up appointments. Early identification and intervention are important to your child's development.

Find out about hearing loss through the use of this manual and the Internet. Find a support group where you can share your concerns and triumphs. Talking to other parents of children with hearing loss may help you in making decisions and in knowing that you are not alone. Get your other children and extended family involved. Knowledgeable and involved parents and families are the keys to your child's success. You may be wondering what the future will bring for you and your child. In the words of Dr. I. King Jordan, President of Gallaudet University, "The Deaf can do anything...except hear." There are a multitude of options available to parents of deaf and hard of hearing children today. Become informed. Understand your options. And most of all, enjoy and love your baby. Babies learn about their world in many ways. Hug, touch, read, sing and talk to your baby. Hearing loss or not, your child is first a child and needs what all children need...your love.

From Parents to Parents

“Since discovering her [hearing] loss, I have been doing lots of research on the Internet to help me understand her loss better and what we can do to help her acquire language skills. I have also become active on a few list serves for parents who have deaf/hard of hearing kids, as well as become involved with a playgroup for deaf/hard of hearing kids.”

Debbie, Mother to Nicole



“My advice to parents is get involved. Ask questions. Visit schools. Look into all the communication options. Seek out support groups. Meet deaf adults. Attend deaf events. Go to board meetings. Keep in contact with your child’s teacher and speech therapist. Get together for play-dates with classmates. Visit your child at school. If you’re not comfortable with something, do not be afraid to speak up. Talk to your school district or program director. You will have a lot of decisions to make for your child and the more prepared you are the more confident you will feel. You know your child best and that makes you their number one advocate.”

Laura, Mother to Sarah and Mark





“Morgan was a very stubborn child, and I learned early on to choose my battles!

All children need consistent discipline, whether or not they have a hearing loss.”

Marcia, Mother to Jay and Morgan



“The road is long. It is a big task to undertake for the whole family. But in the long run, we know it will be worth it and those ‘little moments’ along the journey will hold the sweetest memories of all.”

Mary Jo and Pat, Parents to Stephen



What About My Feelings?

“When a family has a disabled child . . . they find that life has changed irrevocably and forever.” (Daly 2002) Your life as it was before the birth of your child who is deaf or hard of hearing is now “gone”, and it is normal to feel a sense of loss, even grief, at this time. It is also quite normal to mourn the loss of the child you thought you were having, the child with normal hearing. This does not mean you do not love your child who is deaf or hard of hearing or that you will not be a good parent to your child. Having feelings of sorrow or grief does not make you a bad parent! In fact, going through the process of mourning can actually help you become a better parent as you work through the struggles you and your child may face as time passes.

The “stages” of grieving you may experience are similar to the grieving process that one goes through when a life tragedy occurs: denial, grief, anger, bargaining, and acceptance/coping. There is no particular order in which these stages will occur, nor does everyone go through each stage. You might even find yourself going through this process many times as your child grows and you experience new challenges. The important thing to remember is that we, as parents, need to be able to express and work through our feelings so that we can get on with the important business of helping our children grow and develop and work toward their potential.

If you find yourself “stuck” in grief, there are resources available to help. Consider joining a parent support group where you can meet other parents dealing with the challenges of raising children who are deaf or hard of hearing or who have other disabilities. Professional counseling is another source of support and encouragement. If you want to find a counselor who understands the issues related to hearing loss, you can contact the Illinois Deaf and Hard of Hearing Commission for a listing of counselors in Illinois.

“A Special Kind of Love” by Gay Daly in *Parenting*, April 2002, pages 145-151.

Remember, all of your feelings are okay!

Where Can We Get Help?

There are several departments and agencies ready and willing to help your family with information and support. Here's an overview of the kinds of services available in Illinois for infants and toddlers and their families...

The **DEPARTMENT OF HUMAN SERVICES** (DHS) is the lead agency for early intervention services in Illinois. The **BUREAU OF EARLY INTERVENTION** is part of DHS and is responsible for administering the Early Intervention Program. Early Intervention provides you with support and teaches your family how to play with your child in ways that will help him/her learn important skills. You are the key to successful early intervention. Your family and your chosen service providers must work together as a team to help your child develop language and communication. The early intervention system is a family-centered service helping families to help their children do their best.

Phone: (217) 782-1981 V
(217) 558-6482 TTY

Website: www.dhs.state.il.us/ei

HEARING AND VISION CONNECTIONS (HVC) is a statewide Early Intervention training program providing information, resources, referrals, and assistance for infants and toddlers who are deaf, hard of hearing, or visually impaired. HVC serves children from birth to age three. Families and/or providers may contact HVC for information and support as well as a linkage to local resources. Please contact HVC if you have any questions about your child's hearing loss or the services your family needs.

Phone: (217)479-4318 V/TTY
(217)479-4319 V/TTY
(877)731-8184 V/TTY Toll Free

Website: <http://morgan.k12.il.us/isd/hvc>



CHILD AND FAMILY CONNECTIONS (CFC) is the local office that will work with and support you and your family and be responsible for guiding your family through the Early Intervention processes. See the contact information for the CFC office nearest you on page 39.

The **SERVICE COORDINATOR** works for the CFC and will work with your family to ensure that you and your child receive all needed services. The service coordinator is responsible for supporting your efforts to learn confidence in your role and with your responsibilities related to your child's needs. They link families to other resources and inform family members of their rights, obligations, and responsibilities under the Early Intervention Services System. The service coordinator will assist you and your family, and other team members, in developing and carrying out a plan called an Individualized Family Service Plan (IFSP). The service coordinator will help in your child's transition from the Early Intervention Services System at age 3.

FAMILY RIGHTS in Early Intervention include timely free evaluation, development of a coordinated plan, privacy, consent, refusal of services, prior notice, record review, understanding of information, and the right to disagree. For more information about Family Rights in Early Intervention, refer to the booklet, "State of Illinois Infant/Toddler and Family Rights Under IDEA for the Early Intervention System." This booklet can be downloaded at:
www.dhs.state.il.us/page.aspx?item=32263

Early Intervention **ELIGIBILITY** is meeting the guidelines in Illinois to qualify for services. Deciding eligibility for EI happens when the CFC receives the completed audiological test results, evaluations, and assessments. Children with a diagnosed hearing loss are eligible to receive Early Intervention services if: they are experiencing developmental delays of at least 30% in one or more areas of development; or if the child is not yet demonstrating developmental delay but has been diagnosed with a sensorineural loss of hearing greater than 40 decibels bilaterally. A statement of clinical opinion may also be used to determine eligibility. Hearing loss is a condition with a high possibility of developmental delay without Early Intervention services.

After your child is found eligible, an **INDIVIDUALIZED FAMILY SERVICE PLAN** (IFSP) will be written. The IFSP is both a process and a written document that considers your family's priorities, concerns and resources in regard to your infant or toddler. This information, along with input from additional evaluations and assessments, is formalized into a plan of services and support for your child and family provided in your natural environment by the chosen service providers.

The service coordinator will offer you **SERVICE PROVIDERS**, who are individuals who have met or are working to meet the state's qualification requirements and service standards, and who provide one or more Early Intervention services as designated on your IFSP. The most common services required for a child who is deaf or hard of hearing are assistive technology (hearing aids/ear molds/etc), audiology (amplification fitting/followup/monitoring), aural rehabilitation (developmental therapist hearing), counseling, service coordination, speech therapy and family support (interpreter/deaf mentor). You will be presented with all of the options for Early Intervention services.

A DEVELOPMENTAL THERAPIST/HEARING (DTH) is a provider who should be included on your team developing the IFSP. DTHs provide services which are specific to your infant's development as it is directly affected by the hearing loss. DTHs can help you through the maze of amplification options, communication and language options, educational choices, assistive technology, and social issues. DTHs can explain and model language acquisition strategies for your child who is deaf or hard of hearing.

DEAF MENTORS are adults who have a hearing loss and are trained and enrolled providers in Early Intervention. They make regular visits to your home to interact with your child and to share their language, culture, and personal knowledge on deafness. Deaf Mentors provide a communication model, as well as a connection to the Deaf Community.

Children who are deaf or hard of hearing present unique challenges to their families. The vast majority of children who are deaf or hard of hearing are born into families with hearing parents. No two families require the same kinds of support. Each age presents new issues. The **PARENT LIAISON** position at the CFC was designed to assist parents within the system. The parent liaison is a parent of a child with a disability who has experienced the Early Intervention System.



There are **16 services provided by EI** which include support in the areas of physical development (movement), cognitive development (learning), communication development (interaction), social or emotional development (behavior), and adaptive development (use of existing skills). Your service coordinator will explain these services to you. After identification of areas of need, the team must determine what interventions and strategies will provide your family with the information you need to maximize your child's development. Samples of intervention may include:

- In home sessions with family by a DTH, speech language pathologist (SLP), audiologist, and/or deaf mentor;
- Family participation in a playgroup with typically developing peers;
- Family participation in a playgroup with children who have similar communication needs;
- Consultative sessions with primary caregiver in child care setting by the DTH, SLP, audiologist, and/or deaf mentor;
- Ongoing monitoring of hearing and amplification by an audiologist;
- Family participation in parent support group facilitated by a DTH, social worker (SW), SLP, audiologist, and/or deaf mentor;
- Individual session in acoustically appropriate environment to focus on auditory discrimination by DTH, and/or audiologist;
- Individual session focusing on oral motor skills specific to articulation by SLP, and/or DTH;

- Family participation in community based services: deaf club activities, sign language classes, library storytime, etc.;
- Siblings/extended family participation in Sibshops, grandparent support group, etc.

TRANSITION is movement of a child within and from the Early Intervention Services System including, but not limited to, transitions as children move in and out of hospitals, enrollment in the school system, change of service providers, change in location or method of service delivery and relocation from one geographic area to another. Planning a smooth transition is very important for your child and your family. Transitioning out of EI begins by the time your child is two and a half years old, to give your family an opportunity to receive information and to talk about future placements and other transition issues. Transition allows time to prepare your child for change in service delivery. Your service coordinator will contact your **LOCAL EDUCATION AGENCY (LEA)** to begin this process and ensure a smooth transition out of the Early Intervention System.

This is a busy time for your family and the early intervention system is ready to assist you as you begin this new journey into meeting the needs of your child. Help is a phone call away so please contact your local CFC office as identified on pages 33-40 of this manual, Hearing and Vision Connections at (877) 731-8184 V/TTY, and (800) 323-4769 V.

The Illinois Department of Human Service's **FAMILY CASE MANAGEMENT PROGRAM** (FCM) can assist pregnant women, infants, or young children in obtaining the health care services and other assistance they may need to have a healthy pregnancy and promote healthy development.

The goals of the Family Case Management Program are to:

- Provide access to primary health care; Identify and resolve access barriers;
- Provide health education to all eligible clients;
- Reduce infant mortality.

The program serves pregnant women and infants in families that are below 200% of the federal poverty level. Local FCM programs develop close working relationships with physicians, hospitals, pharmacists, and other specialty medical providers. The FCM program also collaborates (and develops signed working agreements) with community agencies to address barriers in accessing medical services, child care, transportation, housing, food, mental health needs and substance abuse services. Case management providers are extensions of the local Department of Human Service offices in that they serve as authorized agents for completing Medicaid Presumptive Eligibility (MPE) applications for pregnant women, and assist families in completing KidCare applications for their children. The statewide Family Case Management Program funds 120 agencies, including health departments, federally qualified health centers and community-based organizations.

Phone: (217) 782-6495 V

Website: www.dhs.state.il.us/chp/ofh/mih/FamCaseMgmt.asp

ILLINOIS FAMILIES FOR HANDS AND VOICES

(IFHV) is a statewide parent driven non-profit organization for families of children with a hearing loss. Family support is as important as the child's intervention needs. Parents consistently report that their need for support was most significant during the time their child was first identified. Ongoing parent-to-parent dialogue is a highly desirable and effective support.

Phone: (888) 482-4281 V
(630) 378-1346 TTY

Website: www.ilhandsandvoices.org



The **DIVISION OF SPECIALIZED CARE FOR CHILDREN** (DSCC) is the Illinois agency that offers help to families with children that have certain medical conditions. DSCC can help pay for diagnosis and treatment for financially eligible children, ages birth to 21. A mild to profound hearing loss in one or both ears is an eligible condition. DSCC is part of the state newborn hearing-screening program and can pay for hearing tests once an infant is identified through Universal Newborn Hearing Screening in the hospital. For other children who have not been identified through newborn hearing screening, DSCC can, with prior approval, arrange and pay for hearing testing. DSCC can provide services that include help finding an otologist (ear doctor) and an audiologist (a person who tests your child's hearing and fits hearing aids). DSCC also helps families by sharing information about other helpful programs and meeting other parents who have a child with hearing loss. DSCC helps families use insurance, and coordinate services. DSCC can help pay for services needed for the child's hearing loss such as medical appointments, hearing testing, hearing aids or a cochlear implant for families who are eligible for financial help. Financial help is based on the family size and income. To see the DSCC financial eligibility guidelines or get an application, go to "core program" on our website.

Phone: (800) 322-3722 V/TTY

Website: www.uic.edu/hsc/dscc

INSTITUTE FOR PARENTS OF PRESCHOOL CHILDREN WHO ARE DEAF OR HARD OF HEARING

DSCC co-sponsors the annual Institute for Parents of Preschool Children Who are Deaf or Hard of Hearing. The Illinois Department of Public Health, Illinois State Board of Education and Department of Human Services Division of Rehabilitation Services are also sponsors of this program. It is for children who are age 5 or under. This week-long program is free to families and is held in June on campus at the Illinois School for the Deaf in Jacksonville. The program helps parents get information about hearing loss, communication options, amplification and technology, and strategies to support development of young children with hearing loss. Families meet other families who have a child with hearing loss and find out they are not alone. They meet experts in the field of hearing loss who they can call upon for information and guidance. To apply to attend this program contact the Division of Specialized Care for Children.



What Do the Words in My Child's Hearing Diagnosis Mean?

There are a variety of tests that can be used to assess hearing. Your child may have received a combination of the following: Universal Newborn Hearing Screening, Auditory Brainstem Response (ABR), Oto Acoustic Emissions (OAE), Behavioral Observational Audiometry (BOA), tympanometry, bone conduction/air conduction testing. The results of these tests provide information to determine a diagnosis of the types and degrees of hearing loss described below.

Types of Hearing Loss:

Conductive Hearing Loss

The inner ear is normal, but a problem in the outer or middle ear prevents the sound from traveling to the inner ear.

Sensorineural Hearing Loss

The outer and middle ear function normally, but a problem in the inner ear prevents sound from being sent clearly to the brain. Hearing aids may help but may not increase the ability to understand speech.

Central Auditory Disorder

Sound is able to travel through the ear without any problems. When the sound reaches the brain there is a breakdown in understanding. Sound is not analyzed normally so there is difficulty understanding spoken language. Children may be aware of sound, but have difficulty understanding it.

Conductive
Unilateral
Central Auditory
Mixed **Bilateral**
Sensorineural

Mixed Hearing Loss

More than one type of hearing loss.

Unilateral

A hearing loss in only one ear. These children can process speech in one ear and generally will develop near normal speech and language skills. They may have difficulty locating sound and understanding speech in noisy environments.

Bilateral

A hearing loss in both ears.

Degrees of Hearing Loss:

Mild Hearing Loss (21-40 dB)

May have difficulty hearing faint or soft speech-especially from a distance or in a noisy environment. May or may not require amplification.

Moderate Hearing Loss (41-55 dB)

May understand most conversational speech in one-on-one situations. May miss a significant amount of conversation in group situations. May exhibit speech errors and delayed language.

Moderate-Severe Hearing Loss (56-70 dB)

Will have difficulty hearing and understanding spoken words. May benefit from amplification. May have speech errors and language delays. Will do best in quiet environments and one-on-one conversations.

Severe Hearing Loss (71-90 dB)

May hear loud speech but will have difficulty understanding it. May be able to understand vowel sounds, but very few consonants. Speech and language will probably not develop spontaneously. Speech intelligibility will probably be reduced.

Profound Hearing Loss (91-120+ dB)

May hear some loud sounds, but tend to feel the vibrations caused by loud sounds more than actually hearing the sounds. Will not be able to understand conversation through hearing alone.

Audiogram

The results of your child's hearing tests can be put onto a chart called an audiogram. An audiogram gives a picture of your child's hearing. The numbers across the top of the chart are frequencies (Hz) and tell the pitch of a sound. A low number (125) is a low pitch and a high number (8,000) is a high pitch. The numbers

down the side of the chart are decibels (dB) and tell the volume of a sound.

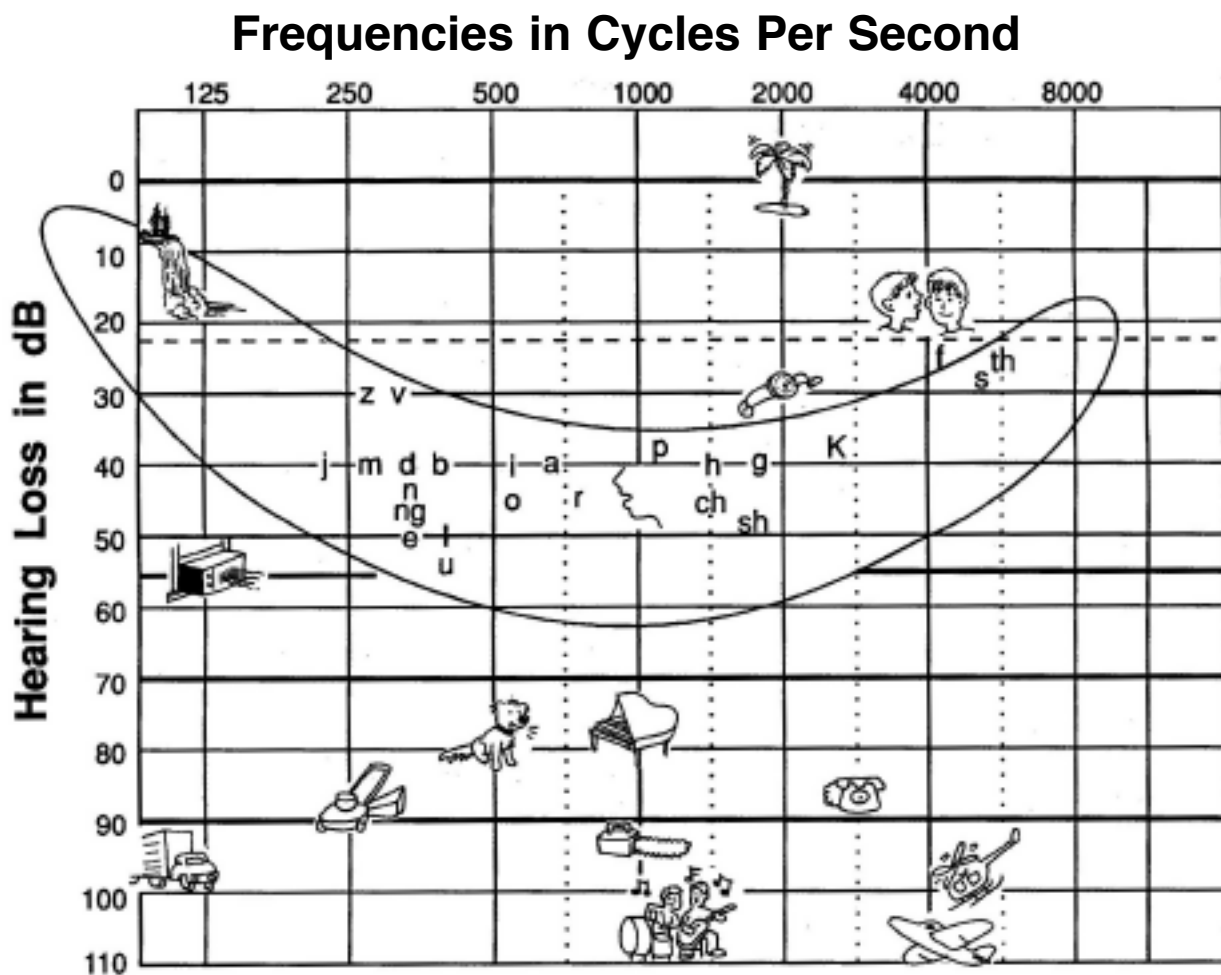
A low number (15) is a soft sound and a high number (90) is a very loud sound. Since all sounds have a pitch and a volume, we can chart the sound on this graph by finding the frequency of a sound across the top, then moving down the chart to the volume. After testing the softest volume for each frequency that your child can hear, we can mark those sounds and 'connect the dots'. Sounds below this line can be heard.

Speech Banana

The audiogram on the following page you will see several pictures and letters. The pictures are placed on the audiogram in the approximate location where their sound occurs. The letters are located where the speech sound occurs in the English language. By drawing a line around the letters we create what is called the "Speech Banana". This is the area where typical speech is heard. By looking at the speech banana and your child's audiogram, you can see what speech your child will be able to hear. If your child's audiogram shows marks inside or below the speech banana, there are speech sounds your child will have difficulty hearing. You can use this speech banana along with your child's audiogram to get an idea of the sounds your child may hear. Ask your audiologist for more information.

“This audiogram has assisted many families in gaining a better understanding of their child’s ability to hear speech. It is a great tool when demonstrating the sounds in our environment too! Hearing and Vision Connections (HVC) is happy to help any family better understand their child’s diagnosis.”

*Nancy Scott, Hearing Specialist
Hearing and Vision Connections*



Taken From: The SKI-HI Model: A Resource Manual for Family Centered Home-Based Programming for Infants, Toddlers, and Preschool Aged Children with Hearing Impairments. Volume 2: Graphics to Accompany the Ski-HI Institute, Utah State University, Logan, Utah.

What Kinds of Amplification & Assistive Devices are Available?

Everyday living and educational opportunities for individuals who are deaf and hard of hearing can be enhanced with the use of assistive devices. Technology can be very helpful to children who are deaf and hard of hearing. Assistive listening devices assist a person to listen to television, hear over the telephone, and in lectures, museums, theaters, and meetings. Visual-receptive communication devices convey language in signed, printed or written form. Signaling systems alert individuals, through flashing lights or vibration, to sounds occurring in the environment. Augmentive and alternative means of communication, such as communication boards, can be used by children who have unique communication needs, perhaps due to physical disabilities, developmental delays or multi-language issues.

Assistive Listening Devices

Making the maximum use of residual hearing is a desirable goal for many children who are deaf and hard of hearing. This can be achieved in a variety of ways, depending upon the listening situation, individual's age, severity of hearing loss and personal preferences.

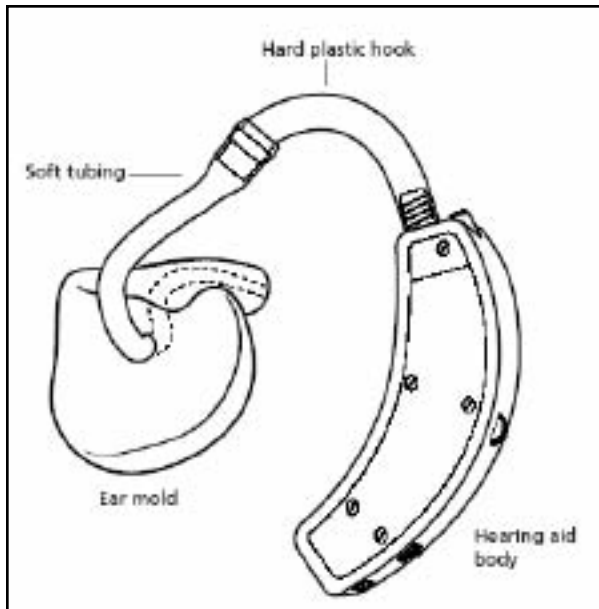
Hearing Aids

Personal hearing aids are the most commonly recommended assistive device for children with sensorineural hearing loss. Hearing aids may also be recommended for a child with a conductive loss if the loss cannot be eliminated through medical intervention.

Following the identification of a sensorineural hearing loss, a child needs to be evaluated medically, preferably by an otologist. Usually the hearing loss cannot be reversed, but your child must be evaluated to make sure the hearing loss is not a symptom of an underlying disease process. After the physician has given medical clearance for a hearing aid, the child will return to the audiologist for a hearing aid evaluation and fitting. Hearing aids pick up sounds from a distance of 3-5 feet most efficiently and amplify all sounds equally. A hearing aid is a device that makes sounds louder for the listener. The basic components are a microphone, an amplifier and a receiver. Hearing aids vary in style and power. Hearing aids most commonly recommended for children are ear level

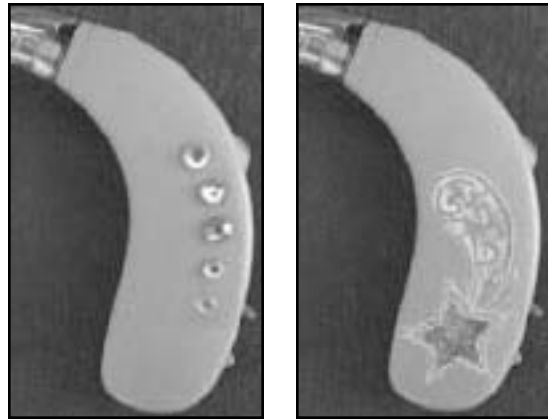
behind-the-ear aids. There are also bone conduction hearing aids and bone anchored hearing aids (BAHA) which may be appropriate for your child. The type of hearing aid the audiologist recommends will depend on the degree and type of hearing loss.

Hearing aids are delicate devices, and parents need instruction in proper care and maintenance. Children will need practice and training in listening with the hearing aid. This training is best provided by teachers of the deaf and hard of hearing, audiologists and speech/language pathologists.

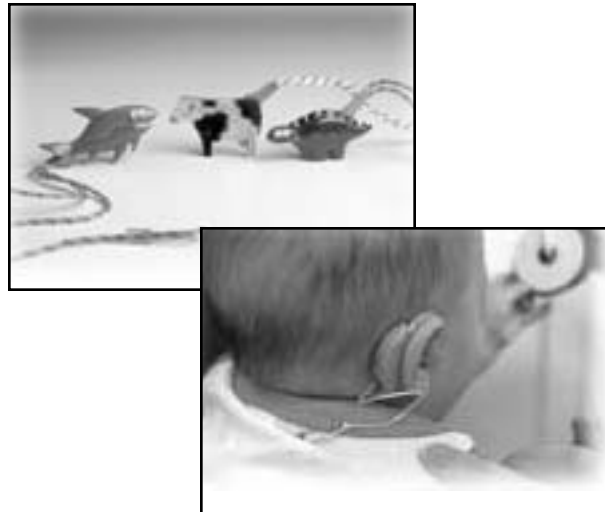


Hearing Aid Tips

Some children like to decorate their hearing aids with stickers or jewels. (You can use stickers and jewels sold to decorate fingernails.) This can also help you and your child quickly identify the right hearing aid from the left hearing aid.



For infants and toddlers, hearing aid clips can be used to secure the hearing aid to the child's clothing.



Hearing aid clips can also be made at home with fishing line or dental floss and a safety pin. It is important to keep the length short.

Group Amplification Systems

Group amplification systems may be used in conjunction with a child's personal hearing aid, or as a separate amplification system.



The amplification offered by a group system greatly reduces the negative impact of background noise by reducing the distance between the speaker and the microphone receiving the signal. The speaker talks directly into a microphone worn on the upper body which transmits the signal to the receiver worn by the child.

Schools, theaters, churches, concert halls, theme parks and other public facilities are making group systems available. The type of system (infrared, FM or loop) used and the characteristics of the receiver units vary significantly. Check the type of system currently being used by a facility for accommodation before attending an event.

Vibrotactile Devices

Vibrotactile devices may be appropriate for use with children who have severe to profound hearing losses and are receiving little to no benefit from traditional amplification. These devices provide tactile information that carries elements of the speech signal. The skin is not capable of responding to all the components of the spoken message. However, vibrotactile

devices can be useful in some areas of speech and language instruction such as the awareness or cues of rhythm, rate, and intensity.

Cochlear Implants

When an audiologist determines there is little or no benefit from the use of hearing aids or listening systems in the perception or understanding of environmental sounds and speech, a cochlear implant is often considered. This surgically-implanted hearing device captures sound and transforms it into electrical impulses which are channeled directly to the auditory nerve. By stimulating this nerve, and thereby the auditory portion of the brain, the child can gain a perception of sound and learn to interpret speech sounds. The success of cochlear implants varies from no improvement, to some sound detection and awareness, to the ability to understand and develop speech. As with other assistive listening devices, intensive auditory training and an auditory-rich environment increases the probability of success with a cochlear implant.

Telephone Aids

Amplified telephones or other telephone aids are available for those who have enough hearing to use the telephone. Amplification can be added to most telephones with a variety of devices including portable and in-line amplifiers or handset receivers. The amount of amplification provided by these devices varies.

An amplified telephone comes with a variety of options and vary significantly in cost. Some options are amplified ringers, incoming call ring flashers, audio output for direct connection to assistive listening

devices and voice carry over. In a VCO (voice carry over) call, the person with the hearing loss speaks directly to the other party. The response is typed back with the use of a TTY by a Relay Communication Assistant, or an individual using their own TTY. The text is shown on the VCO phone screen or TTY display.

Look for the words “hearing aid compatible” when purchasing a telephone amplifier. On public phones, a blue grommet at the base of the handset signifies a phone as hearing aid compatible.



When using a hearing aid with an amplified phone, move the T-switch lever to “T” on the hearing aid. Listening may be improved by the use of foam pads, which would encircle the receiver on a handset and assist in reducing the effects of environmental noise in the area of the telephone.

TV/Radio Amplifiers

Television or radio amplifiers can be used at home, classrooms or conference rooms. These units connect to the audio outputs of VCRs, stereo equipment, caption decoders and most newer TVs. Some can be used with hearing aids and are T-coil compatible. These systems provide clear, enhanced listening to the audio of the various entertainment devices mentioned. While the individual who is deaf or hard of hearing can amplify sound to a volume level appropriate for them through



these devices, the audio output for the hearing audience in the same room remains at a comfortable level. The system consists of a transmitter and headset. Headsets vary in style. Because many of these systems use infrared (IR) technology, a direct path between the headset and transmitter is necessary and reduces freedom of movement around the room for the individual.

Visual-Receptive Communication Devices

Visual-receptive communication devices provide reception of signed, cued, written or printed language. This can be achieved with a variety of technologies, and aids significantly in receiving information often presented in spoken form in the hearing community.

Videophones (Video Relay Service and Direct Video Calls)

Video Relay Service is a free service allowing the deaf and hard of hearing community to make video relay calls to friends, family, and business associates through a certified American Sign Language (ASL) interpreter. Video Relay Calls are placed over a high-speed internet connection (i.e. DSL, cable, or a T-1 line) through a videophone appliance connected to a television or a personal computer. The individual with the videophone sees an American Sign Language (ASL) interpreter on their television or computer and signs to the interpreter who then places the call via a standard phone line and interprets the conversation between the two parties. Users of a standard phone can also place a call to any video relay user by dialing a designated toll free number.



The videophone connected to the television or computer can also be used to place a direct call to another individual who has a videophone. These calls do not use the video relay service and are not made via a standard telephone line. Instead, the “call” travels via a high-speed or broadband Internet connection. The two users are able to see each other on their television or computer screens. Sound is also an option for a direct call so the users may communicate in American Sign Language (ASL) or through spoken English or other spoken language.

Individuals with hearing loss are eligible to receive a free videophone and installation. However, a high speed internet connection is required.

Television Decoders

Television decoders provide on-screen captions. Since 1993, televisions were required by law to be built with decoders directly installed. TVs purchased before 1993 need a separately purchased decoder. Television programs that are introduced with “CC” are closed captioned and dialogue and sound effects are seen in printed form on the screen. Many videos are available which are open captioned. These videos do not require a decoder. Captions will always appear when they are shown and cannot be turned off.



Rear Window Captioning System

A type of captioning system used in public places, such as theaters, has the advantage of allowing those who desire captions to view them but does not require that all members of the audience view the captions. This rear window captioning system displays reverse captions on a light emitting diode (LED), which is mounted in the rear of the theater. Patrons desiring captions use transparent acrylic panels attached to their seats to reflect the captions so that they appear superimposed on or beneath the screen. The reflective panels are



portable and adjust, enabling the caption user to sit anywhere in the room.

Computer Aided Real Time Caption (CART)

Real time captioning is used in a live situation when no prepared scripts are available. This is different than text captioning which is presented in synchronization with a prewritten script. A highly skilled court reporter enters data on a stenographic machine. Real time captioning software used in a high speed computer then translates each key stroke into English and sends that data to an encoder. The caption encoder inserts the caption data onto the viewing screen. The amount of time between each key stroke to presentation of the screen is approximately 2 seconds.

Real time captioning has many uses including reporting of news and live broadcasts on television, public meetings, or a graduation ceremony. The printed readout can be viewed on a large screen, television screen or computer monitor. The stenographer can be present where the event is happening or can communicate via telephone lines to the event being captioned.

TTYs

A teletypewriter (TTY) is a machine that enables two people to visually communicate over the phone by typing back and forth to each other. Each person needs to have a TTY or access to a TTY through a Relay Communication Assistant. Messages are sent using a typewriter-like keyboard and received by reading the conversation on an electronic screen, a paper printout, or both. Most computers may be adapted for TTY use. In Illinois TTYs are loaned free of charge to deaf or hard of hearing individuals meeting state guidelines through the Illinois Technology Access Corporation (ITAC). Illinois provides a free relay service to facilitate telephone



communication between individuals with TTYs and without.

TTYs come in a variety of styles, sizes, and with a variety of options available. It is possible to use portable, battery operated TTYs with cellular phones to provide on-the-go communication. It is also possible to buy TTYs that connect directly into a telephone line in the wall, and others with their own answering machine capabilities. Some TTYs have built-in telephones and VCO (voice carry over) capabilities. Pay telephones with built-in TTYs are also available in some public areas.

Caller Identification

Caller identification devices are common among the hearing community, but provide unique benefits to the deaf community as well. The caller ID display will show the caller's number, name, time and date of call. Sometimes parts of this information are missing if the caller has blocked it out. However, the information displayed is often enough for a recipient to take action.

For example, a deaf adult's hearing child may call home from the YMCA. Mother checks the caller ID and sees YMCA and drives over to pick her child up. Or, in

reverse, a deaf youngster could call home. While unable to understand the speech or perhaps to be understood on the phone, the child knows that the parents can identify the location and will come to pick the child up. There are many uses which will emerge as people become acquainted with this device. In addition to the initial expense of the device, the user must pay a monthly fee to the phone company for this service.

Electronic Communication via Computer

Electronic communication via computers allows information exchange for people who are hearing and deaf equally. Because the information is visual, the only limits would be due to reading or writing skills. The Internet, E-mail, chat rooms and bulletin boards all provide sources of communication. Concerns regarding the need to monitor young students involved in searching for information on the Internet can be addressed through CyberPatrol which restricts access to certain titles.

Printed Programs or Scripts

Printed programs or scripts can be used by parents planning to attend a play, performance, or lecture or other large audience gatherings for which scripts would have been prepared. Parents can discuss/explain what will happen before the performance. The script should be requested from the sponsoring organization two to four weeks before the program. Arrangements should be made for the return of the script, if necessary.

Signaling/Alerting Systems

Individuals who are deaf and hard of hearing can monitor sounds and movement in their environment as well as have access to timing devices through a wide variety of electronic mechanisms. These signaling and alerting systems typically notify the individual through flashing lights, vibration or a combination of both.

Environmental Signaling Systems

Transmitter units are placed near sound sources or areas where movement is expected and send signals to receivers which activate vibrators or flashing lights to alert an individual. Sounds frequently monitored include doorbells ringing, door knocking, baby crying, oven or microwave timers and smoke detectors. Motion sensors could be placed in a child's room or near doors and windows. Receivers range in size from those small enough to be worn, similar to a pager size, to desk top models.

Environmental signaling devices can be sold as complete systems or as individual components. A wide variety of styles and models are available across a broad price range. Consumers should assess their needs to find a suitable match.



Wake-up Devices

There are a wide variety of alarm clocks and timing devices designed for people who are deaf and hard of hearing. Many are table top units, but vibrating wrist watches or palm-size, clip-on vibrating timers are also available.

Some alarm clocks have built-in lights or vibrating attachments. Others have plug-ins for detachable lights or vibrators. Some clocks have alarms which can be adjusted in volume and ring pattern so they can be made more audible for a person with sufficient residual hearing. Alarm clocks may have smaller or larger number (LED) displays, varying clock faces or one to two alarm settings.

Pagers

On-premise paging systems can be purchased for business or home use. As opposed to traditional pagers which require monthly fees, these systems involve only one initial investment. A vibrating pocket-size receiving unit alerts the wearer to a signal sent from a table-top transmitter, which has an approximate 2 mile radius. One example of the use of such a system is that a youngster could wear the pager outside while playing in the neighborhood. Mother could press the transmitter to activate the vibrating pager, thus calling the child inside for dinner no matter where that child is within a two mile radius. Many other personal applications could be imagined for this device.

Telephone Signaling Devices

These devices attach to a telephone and allow the user to alter the loudness and/or ringing pattern of the telephone. Such alterations may place the signal in the audible range of an individual with usable residual hearing. These devices vary significantly in signal strength and should be tried by the consumer before purchase.



Augmentative and Alternative Communication

A wide variety of communication devices, switches, mounting mechanisms, and computer programs can be purchased to assist children with unique communication needs, perhaps due to physical disabilities, developmental delays or multi-language issues. Devices may be as simple as pictures placed in a wallet or on a board, or as complicated as a computerized program with synthesized speech, printed visual read out and touch activated screen.

Consult with a speech-language pathologist or communication skills specialist to identify possible alternatives for communication appropriate for your child.

Other Assistive Devices and Services

There are a variety of other assistive devices available to assist individuals with hearing loss to use the telephone such as the TTY, the CapTel phone, video relay services, and direct video telephone calls. Call the Illinois Telecommunications Access Corporation for more information.

Phone: (800) 841-6167 V/TTY

In addition there are several services that enable individuals with hearing loss to participate in group environments such as CART services, sign language interpreters, oral interpreters, and cued speech interpreters. Call the Illinois Deaf and Hard of Hearing Commission for more information.

Phone: (877) 455-3323 V/TTY

Website: www.idhhc.state.il.us



The Illinois Assistive Technology Project (IATP)

This is a statewide, non-for-profit agency that promotes independent living through technology. Among their many services are: 1) information and assistance through 800 numbers; 2) an assistive technology demonstration center; 3) an assistive technology loan program; 4) a quarterly newsletter; and 5) a low interest cash loan program.

Phone: (217) 522-7985 V
(217) 522-9966 TTY
(217) 522-8067 FAX
(800) 852-5110 V/TTY IL only

Website: <http://www.iltech.org>

What Ways Can I Communicate With My child?

Did you know? Many parents who have a child with a hearing loss spend the first year of their baby's life working on establishing visual communication, such as eye contact?

A hearing baby hears whether it wants to or not. It is exposed to everything you say. A hearing baby cannot 'tune you out.' A child with hearing loss can 'tune you out' by turning away or looking at something else. Some young children will even cover up their eyes. This means, "I don't want to listen to you right now." Playing eye-contact games will lead to better communication, no matter whether you sign or speak. You are teaching your child to look at people in order to interact with them.

Entering the room

Most hearing mothers will vocalize before their child can see them. They will coo or say their baby's name. What do you do when you enter the room for a baby with hearing loss? Flick the light switch. This is a visual alert saying, "Mommy's coming!" Some babies will even stop crying as soon as they see the light flick. They know they are about to be picked up!

Another thing to try is different light flicks for different situations. As you enter the room with a bottle, flick the light three times. If you are entering the room for any other reason, flick the light once. If your child is screaming and crying, flick the light switch rapidly. This says, "MOMMY IS HERE!!!"

Eye Contact

It is easier to get eye contact with your baby or child if you are at the same eye level. For example, if your child is sitting on the floor, move down to look in their face before you start to communicate. When you use a toy, pick it up and move it so that your baby looks at it. When you get your baby's attention, move the toy towards your face. Now start signing or talking about the toy. Be descriptive. Think about how your face looks. Are you smiling? Is your face serious? Try to make your facial expression match your tone of voice. If you are talking/signing about the toy's color, move your hand over the color. If you are talking/signing about a part of the toy, touch that part of the toy. If your baby looks away...place your hand gently on your baby or gently tap your baby until your baby looks at you again. If that doesn't work, move the toy until the baby looks at it.

Picking Toys

Think of toys that are visually and texturally stimulating. For example: balls with lights, stuffed animals with facial expressions, things that feel-fluffy, scratchy, soft, furry, bubbly, and books, books, books!

What about those talking toys, or toys that say A, B, C?

Is there something visually stimulating about the toy too? Does it light up with the sound? Can you take the toy and put

it next to your face and say or sign what the toy says? How loud is the toy? Your child may be able to detect some of the sounds a toy makes, but if it is visually interesting, then the child's attention will probably last longer.

Should I continue talking now that I know my child has a hearing loss?

Yes. Now that you know your child has a hearing loss it is more important than ever that you and your family keep talking and communicating.

Reading to Your Baby

Instead of the book in your lap, put the book in your baby's lap. Touch something in the picture. Then touch your baby. When your baby looks at you, say or sign what the page says. The key is visual interaction. To learn more, see the manual *Reading to Deaf Children: Learning from Deaf Adults* by David R. Schleper.

This video/manual describes and demonstrates fifteen research-based principles gleaned from studies of Deaf parents and teachers who are effective storybook readers.

National Deaf Education Network and Clearinghouse

Gallaudet University

KDES PAS 6

800 Florida Ave, NE

Washington, D.C. 20002

Phone (800) 526-9105 V/TTY

(202) 651-5340 V/TTY

Website: <http://clerccenter.gallaudet.edu/literacy/index.html>

Available in Arabic, Chinese, English, Russian, Spanish, Tagalong, and Vietnamese.

Find Out More Tips by Reading These Articles

www.clerccenter.gallaudet.edu/literacy/materials.html

Eric Number: ED385156

Title: *Deaf Children Interacting with Deaf Parents: A Key to Understanding the Transition from Pre-Linguistic to Linguistic Communication*

Author: McEntee, Lisa J.

Publication Date: 1994

Title: "A Good Start: Suggestions for Visual Conversations with Deaf and Hard of Hearing Babies and Toddlers"

Author: Spencer, Patricia E., PhD

Available at:

<http://clerccenter2.gallaudet.edu/KidsWorldDeafNet/e-docs/visual-conversations/>

Exposure to Language

Exposure to language is key to your child's language development. Parents of infants and children newly diagnosed as deaf or hard of hearing are almost immediately faced with the decision of how to communicate with their child. There are different ways to communicate and different philosophies about communication. What's the best way for you to help your child learn to communicate? There's no one single answer that is right for all children or all families.

As you decide which approach, or combination of approaches to communication will be best for your child and family, consider all available information....ask questions, talk to adults who are deaf and hard of hearing and other families with children who have a hearing loss. Discuss the options, read, and obtain as much information as you can about the various communication modes.

Learning language and communication skills is an ongoing process. Finding successful ways to communicate with your child will not be decided at one time with one choice. As you discover how your child learns best, you may try additional ways to communicate. This is okay!

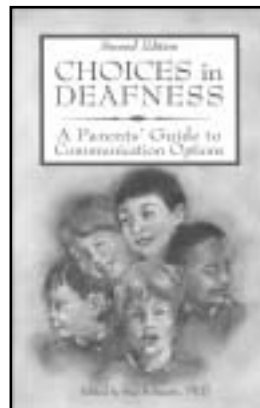
On the next few pages, you will find short descriptions of different communication philosophies.

The following descriptions are from the book Choices in Deafness Second Edition by Sue Schwartz.

Auditory-Verbal Approach, Pg 54-55

Through the Auditory-Verbal Approach, children use their hearing potential to learn to talk through listening. Many children who are deaf or hard of hearing, even those with profound losses, have usable hearing which, when amplified appropriately, enables them to hear spoken language and learn to listen and talk. This is the mission of the Auditory-Verbal Approach.

Auditory-verbal therapy sessions are ongoing, diagnostic evaluations of the child's



and the parents' progress. They are conducted jointly by an auditory-verbal therapist and the parent(s). The children learn to listen to their own voices, the voices of others, and the sounds of their environment in order to communicate effectively through spoken language. By consistent use of appropriate hearing aids or a cochlear implant, auditory-verbal therapy encourages natural communication development in play and active involvement in daily life, including participation in a regular school and in the mainstream community (Pollack, 1985; Estabrooks & Samson, 1992; Eastabrooks, 1994).

Cued Speech, Pg 118

Cued Speech is a system of using hand-shapes to supplement speechreading. These handshapes are phonemically based – that is, they are based on the sounds the letters make, not the letters themselves. Cued Speech is comprised of eight hand-shapes that represent groups of consonant sounds, and four positions about the face to represent groups of vowel sounds. Combinations of these hand configurations and placements show the exact pronunciation of words in connected speech, by making them clearly visible and understandable to the Cued Speech recipient. Cued Speech allows your child to “see-hear” precisely every spoken syllable that a hearing person hears.

The Oral Approach, Pg 163-164

First, it is important to understand that there is really no single oral method of education but rather a group of methods which emphasize different aspects of the communication process. These methods, however, share one common aspect: they

require children to use only spoken language for face-to-face communication. They avoid the use of a formal sign language. Some oral methods require children to wear hearing aids and use their residual hearing in combination with lipreading to understand speech. Teachers in these programs use a “multisensory” approach (hearing, vision, and in some cases, touch) to help the children learn to understand and produce speech.

Since oral methods do not allow the use of sign, some way must be found to compensate for the fact that a deaf person may miss some speech if he is only speechreading. Speech is meant to be heard. Only about 30 percent of the speech information can be understood from lip movements. Additional information may be available, depending on the nature and degree of your child’s hearing loss. If your child is in an oral program, he will have to “fill in” missing information by drawing on his knowledge of the situation, previous experience, and familiarity with the language.

Total Communication, Pg 210-211

Total Communication programs use sign, speech, gestures, speechreading, and/or fingerspelling to provide linguistic input to deaf children. In Total Communication programs, children typically are allowed to express themselves in their preferred communication modalities.

Schwartz, Sue, ed. Choices in Deafness A Parents’ Guide to Communication Options 3rd Edition. Maryland: Woodbine House Inc, 1996.

Bilingual-Bicultural Approach

Educational programs that have adopted a bilingual-bicultural approach use American Sign Language as the primary language in the classroom. Because learning ASL does not require knowing how to speak or hear, a child with a hearing loss usually has no difficulty learning ASL and, if learning begins early enough, he/she will become a native-like signer. Sharing fluency in a common language with one’s teacher is viewed as critical for educational success. An equally important goal of these programs is to promote deaf children’s learning of English as their second language. Because “natural” English learning usually requires speech and hearing abilities, Bi-Bi educators and Language Specialists have developed many different pathways to developing a deaf child’s English fluency. Which pathway to English depends on the individual child. Some deaf children can use their remaining hearing abilities to pick up spoken English, while others rely more on using their ASL knowledge to help build their English knowledge through reading and writing. Bi-Bi programs also encourage deaf children to interact with adult deaf role models and provide exposure to many aspects of Deaf Culture such as arts, history, customs, and ASL traditions. Bi-Bi programs encourage family participation and often provide support for ASL instruction and Deaf Community interaction for family members. The main goal of the Bilingual-Bicultural approach is to support deaf children’s development into independent adults who are fluent in both ASL and English and who feel comfortable and competent in their interactions with both deaf and hearing people.

“Bilingual-Bicultural Approach” provided by Dr. Jenny L. Singleton.

How Do I Create a Visually Friendly Environment for My Child?

If you are looking to enhance your child's home environment, this is the section for you. Here you will learn a few tips you probably won't see in any decorating magazine. Yet these pointers can serve to make home feel a little more friendly for a child who is deaf or hard of hearing.

There are many ways to make your home environment visually friendly. If you are looking for a home to buy or rent, look for a home that has open rooms. You will be thankful when it is time to tell your child in the living room that dinner is ready from the kitchen. You'll be able to do a simple wave or flick of the lights instead of walking all the way into the other room.

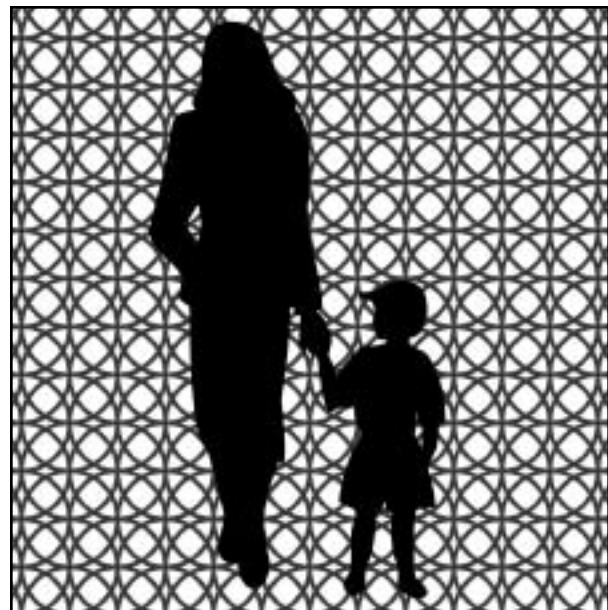
- Hang curtains over the windows. Sun streaming in a window from behind a person makes it difficult to see facial expressions, read lips, or understand their sign language or cued speech.
- Put up some mirrors. Try to imagine that you're from a planet where the eyes are the most important thing and seeing is the most valued aspect of the human body. Put up mirrors around corners. You'll be able to see people coming from down the hall.

- Use overhead light fixtures for lighting instead of lamps. This helps when you want to get your child's attention because you can easily flick the lights without walking to the lamp. It also helps for seeing facial expressions and sign language. It is hard to look at someone's hands when they are signing right in front of a lamp! Reserve the use of lamps for an alerting system for environmental noises such as doorbells, telephones, and smoke detectors.
- Wood floors and furniture may give your child awareness of sound through vibrations. Some families stomp their feet on wood floors to get the attention of other family members with hearing loss.





- Buy televisions a little bigger than normal. Your child will thank you when they are able to read the captions.



- Use solid colors on the walls. It is hard to discriminate visual clues when the background of the visual field is 'too busy.' Save patterns for the floor or ceilings.

Who Has Hearing Loss?

Hearing loss can be found among each

Nationality

Economic Level,

Educational Level

Age

Religion

The population of individuals with hearing loss is as diverse as the population of individuals without hearing loss.

“I deliver newspapers.”

“My family immigrated from Warsaw, Poland.”

“My family is upper middle class.”

“I graduated from medical school.”

“I’m a carpenter.”

“I am an attorney.”

“I was President of the United States.”

“I am president of a University.”

“I work at McDonald’s.”

“I work for the State of Illinois.”

“I was Chief of my Native American Tribe.”

“I work for the Federal Government.”

“I learned American Sign Language as an adult.”

“I have a cochlear implant.”



“I am trilingual. I am fluent in American Sign Language, English, and Mexican Sign Language.”

“I’m a stay-at-home mom.”

“I set a world record at the Deaf Olympics in Rome, Italy.”

“I work for the post office.”

“I’m a student pursuing my Ph.D.”

“I am taking courses in welding and I work on a dairy farm.”

“My family is from Sinaloa, Mexico.”

Deaf Culture & American Sign Language-What is it All About?

The deaf and hard of hearing population is made up of a very diverse group of individuals. Some are profoundly deaf and others are hard of hearing. Some were born deaf while others became deaf later in life. Some individuals use spoken English, written English, English based sign language, American Sign Language, cued speech, or a combination of these communication tools. English, including speech and print, and American Sign Language are distinct and complete languages. Some individuals attend their neighborhood schools while others attend residential schools for the deaf. Some individuals utilize cochlear implants, hearing aids, or prefer not using any amplification. Regardless of the unique characteristics of each individual, there is one thing they all have in common. They all have a hearing loss.

Some members of the deaf and hard of hearing population also consider themselves members of a Deaf Culture. What is Deaf Culture? Let's look first at the definition of the word "culture". According to the Encyclopaedia Britannica, "...culture includes language, ideas, beliefs, customs, codes, institutions, tools, techniques, works of art, rituals, and ceremonies, among other elements."

Do some individuals within the deaf and hard of hearing population have a distinct culture?

Yes, they do!

The primary language used by members of the Deaf Culture is American Sign Language. They have behaviors and mannerisms related to their strong reliance on visual information. Members of the Deaf Culture enjoy socializing with other members of their culture. There can be an instant bond because of their shared experiences of being a person with hearing loss. Some examples of activities and events for the deaf or hard of hearing and their families include the Illinois Association of the Deaf (IAD) and Deaflympics. IAD is a leading organization run by and for individuals who are deaf or hard of Hearing. IAD and its regional chapters hold regular conferences and meetings to provide opportunities for social gathering, sharing information, and exploring arts and technologies specific to persons with hearing loss. Deaflympics is a gathering similar to the Olympics which brings together 3,000 athletes from 80 countries to compete.

Other gatherings and events include Deaf Way, an international gathering of 5,000 individuals with hearing loss, and the International Creative Arts Festival sponsored by the International Center on Deafness and the Arts (ICODA), located in Chicago, Illinois.



Many members of Deaf Culture pride themselves in being bilingual: in American Sign Language and English, and bicultural: comfortably interacting in both Deaf and Hearing Cultures.

American Sign Language is the visual language shared by members of the Deaf Culture. American Sign Language (ASL) is actually the third or fourth most commonly used language in the United States. ASL is not the same as Manual English. ASL has its own rules, grammar, and syntax. Anything a person can say in English can also be expressed in American Sign Language. Another interesting fact is that sign language is not universal. There are many other sign languages in the world. Examples include: Mexican Sign

Language, French Sign Language, and Swedish Sign Language.

Hearing families with young children who have a hearing loss are encouraged to find opportunities to meet adult role models and peers who also have a hearing loss. It is important for a child with hearing loss to know they are not alone. Meeting peers and adults who are deaf or hard of hearing helps children develop positive self esteem. The Deaf Community supports families becoming involved in activities in their local area to help support children in becoming successful, well educated adults.

To learn more about the Deaf Community in Illinois, visit Deaf Illinois News at:

<http://groups.yahoo.com/group/DeafIllinois>

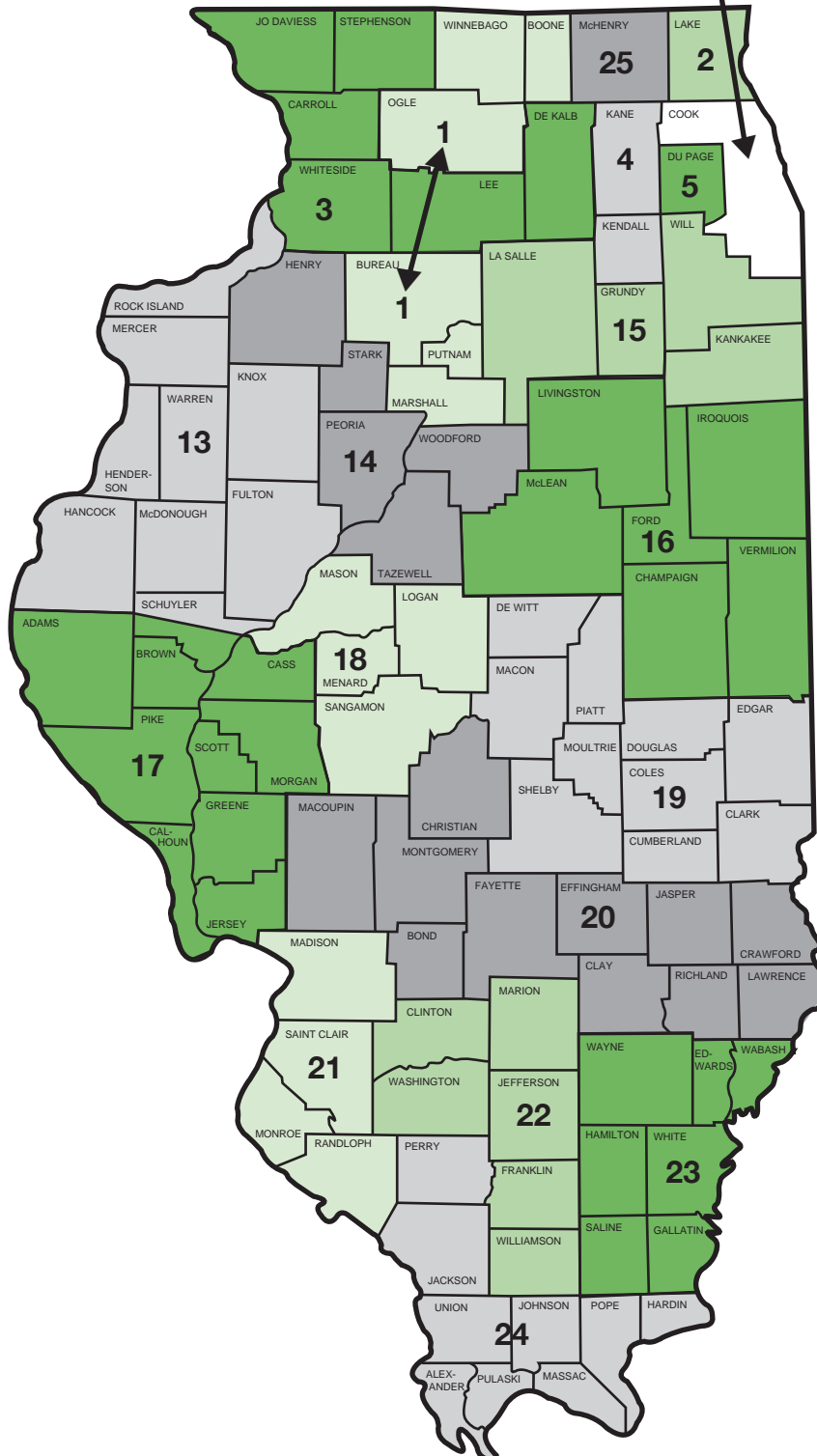


Deaf Community Event

Child and Family Connections (CFC) Offices

Please call the Health & Human Services helpline at (800)843-6154 for information regarding your local CFC office.

***CFC's 6, 7, 8, 9, 10, 11 & 12**



Illinois Resources

Assistive Technology

Illinois Assistive
Technology Project (IATP)
1 West Old State Capitol Plaza
Suite 100
Springfield, IL 62701

(800) 852-5110 V/TTY
(217) 522-7985 V
(217) 522-9966 TTY
(217) 522-8067 Fax

www.iltech.org

Assistive technology, information, and resources. Services include a loan program for devices such as: baby cry signaler, alarm clock, doorbell signaler, smoke detectors with bed vibrators, and many more.

Illinois Telecommunications Access
Corporation (ITAC)
13001 Montvale Dr., Suite D
Springfield, IL 62704

(800) 841-6167 V/TTY

www.itactty.org

A loan program in Illinois that provides persons who are deaf, hard of hearing, or speech-impaired with assistive telephone equipment at no charge.

Early Intervention • Birth to 3 Years old

Child and Family Connections

For contact information see page 33.

Single point of entry for early intervention services.

Department of
Human Services
Early Intervention Bureau

222 South College, 2nd Floor
Springfield, IL 62704

(217) 782-1981 V
(217) 558-6482 TTY
(217) 524-6248 Fax
Help Me Grow Helpline
(800) 323-GROW(4769) V

www.dhs.state.il.us/ei/

Illinois' Early Intervention program's mission is to assure that families who have infants and toddlers, birth to three, with diagnosed disabilities, developmental delays or substantial risk of significant delays receive resources and supports that assist them in maximizing their child's development, while respecting the diversity of families and communities.

Department of
Human Services
Family Case Management

(217) 782-6495 V

[www.dhs.state.il.us/chp/ofh/MIH/
FamCaseMgmt.asp](http://www.dhs.state.il.us/chp/ofh/MIH/FamCaseMgmt.asp)

DHS Main Office
535 W. Jefferson
Springfield, IL 62702-5058

The Family Case Management Program (FCM) helps families with a pregnant woman, infant, or young child to obtain the health care services and other assistance they may need to have a healthy pregnancy and to promote the child's healthy development.

Hearing and Vision Connections
125 Webster Avenue
Jacksonville, IL 62650

(877) 731-8184 Toll Free V/TTY
(217) 479-4328 Fax
Nancy Scott, Hearing Specialist
(217) 479-4319 V/TTY

dhsrspd@dhs.state.il.us
www.morgan.k12.il.us/isd/hvc/

Information, resources, training, and screenings for families with children aged birth to three who have a vision or hearing loss. Primary goal is to link children who are deaf or hard of hearing with appropriate qualified service providers.

Family Resources

Advocate Illinois
Masonic Community Mental Health Center
836 W. Wellington Avenue
Chicago, IL 60657

(773) 975-1600 V
(773) 296-7684 TTY

www.advocatehealth.com/

Offers a full range of behavioral health services for children, adolescents, and adults, including alcohol and substance abuse, crisis intervention, and outpatient psychiatric services, to support and care for a broad spectrum of patients.

Alexander Graham Bell Association for the
Deaf and Hard of Hearing
2000 M St. NW, Suite 310
Washington, D.C.
0036-3307

(202) 337-5220 V
(202) 337-5221 TTY
(202) 337-8314 Fax

www.AGBELL.org

Provides financial aid, publishes books, brochures, magazines, and scholarly journal.

American Society for Deaf Children (ASDC)
Headquarters
P.O. Box 3355
Gettysburg, PA 17325

(800) 942-2732 Toll Free V/TTY
Parent Hotline
(717) 334-7922 V/TTY
(717) 334-8808 Fax

www.deafchildren.org
asdc@deafchildren.org

A tax exempt organization furthering the services of the International Association of Parents of the Deaf.

Captioned Media Program
Media Center
125 Webster Ave.
Jacksonville, IL 62650

(217) 479-4241 V/TTY

www.morgan.k12.il.us/isd/cmp.htm

Free loan media program of over 4000 captioned titles (videos, CD-ROM, and DVD). There are no rental, registration, or postal fees.

Center on Deafness	(847) 559-0110 V
3444 Dundee Rd.	(847) 559-9493 TTY
Northbrook, IL 60062	(847) 559-8199 Fax

www.centerondeafness.org

Serves both children and adults who have hearing impairments with additional handicapping conditions such as mental illness or developmental disabilities.

Chicago Hearing Society	(773) 248-9121 V
2001 North Clybourn Ave	(773) 248-9174 TTY
Chicago, IL 60614	(773) 248-9176 Fax
	Interpreter Emergency
	(312) 939-8999 V

CHInterp@tmail.com
www.chicagohearingsociety.org
AskCHS@anixter.org

Information, referral, social services, advocacy, and youth programs.

ChicagoLand Black Deaf Advocates CLBDA	www.clbda.org/index.html
P.O. Box 7840	
Chicago, IL 60680-7840	

CLBDA is an affiliate chapter of the National Black Deaf Advocates (NBDA) and has been advocating for the Black Deaf and hard of hearing community in the ChicagoLand area for almost 20 years.

Communication Matters Association	(815) 232-7963 V
P.O. Box 898	
Freeport, IL 61032	

Deaf Awareness, Family Support, and Advocacy.

Deaf Access Program	(773) 257-5125 V
Sinai Hospital	(773) 257-6289 TTY

Offers a broad range of medical, mental health, and support services to deaf and hard of hearing patients. DAP clinicians are proficient in American Sign Language and are thoroughly familiar with deaf culture.

Division of Specialized Care for Children	www.sinai.org/deaf-access/index.asp
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Central Administrative Office	Central Administrative Office
3135 Old Jacksonville Road	(800) 322-3722 Toll Free V
Springfield, IL 62794-6488	(217) 793-2350 V
	(217) 793-0773 Fax

Chicago Administrative Office	Chicago Administrative Office
1919 W. Taylor St. (m/c 618)	(312) 996-6380 V
8th Floor, Room 800	(312) 413-0367 Fax
Chicago, IL 60612-3772	

www.uic.edu/hsc/dscc

Established in 1937, and administered by the University of Illinois at Chicago, the Division of Specialized Care for Children (DSCC) is the Illinois Title V agency that provides care coordination for families and children with special health care needs.

Equip for Equality (Northeastern Illinois) 11 E. Adams, Suite 1200 Chicago, IL 60603	(Northeastern Illinois) (800) 537-2632 Toll Free V (800) 610-2779 Toll Free TTY (312) 314-0022 Se Habla Espanol (312) 341-0295 Fax
(Northwestern Illinois) 1612 Second Avenue P.O. Box 3753 Rock Island, IL 61204	(Northwestern Illinois) (800) 758-6869 Toll Free V/TTY (309) 786-6868 V/TTY (309) 786-2393 Fax
(Central/Southern Illinois) 427 East Monroe P.O. Box 276 Springfield, IL 62705	(Central/Southern Illinois) (800) 758-0464 Toll Free V/TTY (217) 544-0464 V/TTY (217) 523-0720 Fax
www.equipforequality.org/headerg.html	
<i>Provides self-advocacy assistance, legal services, education, public policy advocacy, and systems monitoring to advance the human and civil rights of people with physical and mental disabilities in Illinois.</i>	
Esperanza Community Services 520 Marshfield Street Chicago, IL 60622	(312) 243-6097 V www.esperanzacommunityservices.org
<i>Esperanza is dedicated to serving individuals with developmental disabilities from infancy to adulthood through programs in Spanish and English.</i>	
Heartland Deaf Center, Inc. 8013 Blackbridge Road Edwards, IL 61528	(309) 693-2442 TTY (309) 693-2488 Fax www.deaf-center.org
<i>Assists individuals with a hearing loss, their families, and communities to realize their potential.</i>	
Helen Keller National Center 485-42nd Ave, Suite 4 E. Moline, IL 61244	(309) 755-0018 TTY http://helenkeller.org/national
<i>Provides services and programs enabling youths and adults who are deaf-blind to live and work in his or her community of choice.</i>	
Illinois School for the Deaf Outreach 125 Webster Ave. Jacksonville, IL 62650	(877) 339-2686 Toll Free V/TTY (217) 479-4328 Fax http://www.morgan.k12.il.us/isd/outreach_services.html
<i>Provides training for educational success of individuals who are deaf or hard of hearing.</i>	

Illinois Association of the Deaf (IAD) 1034 Crescent Court Round Lake Beach, IL 60073	www.iadeaf.org For Email Addresses: www.iadeaf.org/iadofficers.html
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State organization, advocacy, legislation, community leadership training.

Illinois Cochlear Implant Club 6316 Tamiami Drive Downer's Grove, IL 60516	www.geocities.com/illinoiscic/index.html
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To provide emotional support and information to individuals and families with or considering a cochlear implant.

Illinois Council on Developmental Disabilities (ICDD) 830 S. Spring St. Springfield, IL 62704	Springfield (217) 782-9696 V (888) 261-2717 TTY (217) 524-5339 Fax
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Chicago
(312) 814-2080 V
(888) 261-2717 TTY
(312) 814-7141 Fax

www.state.il.us/agency/icdd

Dedicated to improving the lives of people with developmental disabilities through advocacy, systemic change, and capacity building.

Illinois Deaf-Blind Services 818 DuPage Boulevard Glen Ellyn, IL 60137	(630) 790-2474 V (800) 771-1158 Toll Free V (800) 771-1232 Toll Free TTY
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www.project-reach-illinois.org

Provides technical assistance, information, and training to address the needs of children with deaf-blindness and their families.

Illinois Deaf and Hard of Hearing Commission 1630 S. Sixth Street Springfield, IL 62703	(877) 455-3323 Toll Free V/TTY (217) 557-4495 V/TTY (217) 557-4492 Fax
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www.idhhc.state.il.us

Provides information, referrals. Monitors and evaluates state and private services/ programs to ensure effectiveness for the deaf and hard of hearing. Maintains state interpreter directory.

Illinois Department of Public Health 500 E. Monroe Springfield, IL 62761	(217) 782-1231 V (800) 547-0466 TTY www.idph.state.il.us/HealthWellness/genetics.htm
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Newborn hearing screening.

Illinois Early Childhood Intervention Clearinghouse
223 South Third Street
Springfield, IL 62701-1144

(800) 852-4302 Toll Free V
(217) 522-4655 V
(217) 522-4670 Fax

www.eicclearinghouse.org

To make available state-of-the-art library and information services on early intervention issues throughout Illinois since 1986.

Illinois Families for Hands and Voices
P.O. Box 9366
Naperville, IL 60567

(877) 533-5279 Toll Free V

www.ilhandsandvoices.org
support@ilhandsandvoices.org

Provides Illinois families with the necessary resources, networking, and information in order to improve communication access and educational outcomes for their children. Statewide activities, advocacy efforts, and parent/professional collaboration are all focused on enabling our deaf and hard of hearing children to reach their fullest potential!

Illinois Kidcare
Illinois Department of Public Aid
201 South Grand Avenue East
Springfield, IL 627063-0001

(866) 468-7543 Toll Free V
(877) 204-1012 Toll Free TTY

www.kidcareillinois.com

State program that offers health care coverage to children, pregnant women and their babies or helps in paying premiums of employer or private health insurance plans.

Illinois Network of Centers for Independent Living (INCIL)
1 West Old State Capital
Springfield, IL 62701

(217) 525-1305 VOr to locate a CIL in your area call (800) 587-1227 V

www.incil.org

The Illinois Network of Centers for Independent Living (INCIL) is a statewide organization made up of 24 Centers for Independent Living (CILs) in Illinois.

Illinois Service Resource Center
3444 West Dundee Rd.
Northbrook, IL 60062

(800) 550-4772 Toll Free
Help Hotline V
(847) 559-8195 V
(847) 559-9493 TTY

www.isrc.us

Promoting access, acceptance, and growth for children who are deaf or hard of hearing and are emotionally and/or behaviorally challenged.

Illinois Speech-Language Association
230 E. Ohio St., Suite 400
Chicago, IL 60611-3265

(312) 644-0828 V
(312) 644-8557 Fax

www.ishail.org

Educates the public on the availability of services for persons with speech, language, and hearing disorders, participates in the legislative process to ensure the further practice and growth of quality speech, language, and hearing services throught the State, and supports scientific study of human communication and its disorders.

Illinois State Board of Education (ISBE) 100 N. 1st. Street Springfield, IL 62777	(217) 782-6601 V (217) 782-1900 TTY www.isbe.state.il.us
<i>Oversees schools, early childhood, special education</i>	
Illinois Supervisors of Programs for Hard of Hearing/Deaf Individuals (ISHI)	www.morgan.k12.il.us/isd/ishi/
<i>ISHI is comprised of supervisors of educational programs in Illinois that serve students who are Deaf and hard of hearing. The organizations promotes equality through educational programming and social experiences for students.</i>	
International Center on Deafness and the Arts (ICODA) 3444 West Dundee Rd. Northbrook, IL 60062	(847) 559-0110 V (847) 559-9493 TTY (847) 559-8199 Fax www.icodaarts.org infor@icodaarts.org
<i>Theater, arts festival, museum, dance company, & children's programs.</i>	
Mendac Institute on Early Childhood 837 West Sheridan Rd. Chicago, IL 60613	(773) 248-9689 V (773) 248-9663 TTY (773) 248-9649 Fax www.mendacinstitute.org deafbaby@mendacinstitute.org
<i>Provides communication training grief counseling, parent education, evaluation services, and psychotherapy to families with infants and toddlers with hearing loss. Clinical staff are available for presentations, consultations, and professional and student training.</i>	
Mental Health and Deafness Resources, Inc.	(847) 559-0110, ext. 247 V (847) 559-9493 TTY www.mentalhealthanddeafness.org
<i>Offers a psychiatric in-patient mental health program, group homes for children and adolescents located in the northern suburbs of Chicago, a group home in a rural environment in mid-centered Illinois near Bloomington-Normal, early intervention and early childhood services for families of infants and toddlers who are deaf, and diagnostic evaluations and consultations with school districts for students who are deaf or hard of hearing.</i>	
National Center for Latinos with Disabilities 1921 S. Blue Island Ave. Chicago, IL 60608	(312) 666-3393 V (312) 666-1788 TTY (312) 666-1787 Fax http://homepage.interaccess.com/~nclcd/
<i>Focuses on the empowerment of Latinos with disabilities and their families.</i>	
Thresholds Deaf Program 4101 North Ravenswood Ave. Chicago, IL 60613	(888) 99-REHAB Toll Free V (773) 880-6263 TTY (773) 880-6279 Fax http://www.thresholds.org/deafprogram.asp



The Illinois Deaf and Hard of Hearing Commission would like to thank the Parent Manual Committee. Every hour of dedication and hard work spent on this document is, and will continue to be, greatly appreciated.

Special Thanks!

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IL Deaf & Hard of Hearing Commission

Ms. Kathy Allen

CHOICES for Parents

Dr. Daksha Patel, MD

Resurrection Health Care



The Illinois Deaf and Hard of Hearing Commission strives to enhance the quality of life for all persons with a hearing loss by assuring equality, respect, accessibility and independence.

**State of Illinois
Deaf and Hard of Hearing Commission**

1630 South Sixth Street
Springfield, Illinois 62703

877-455-3323 V/TTY

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