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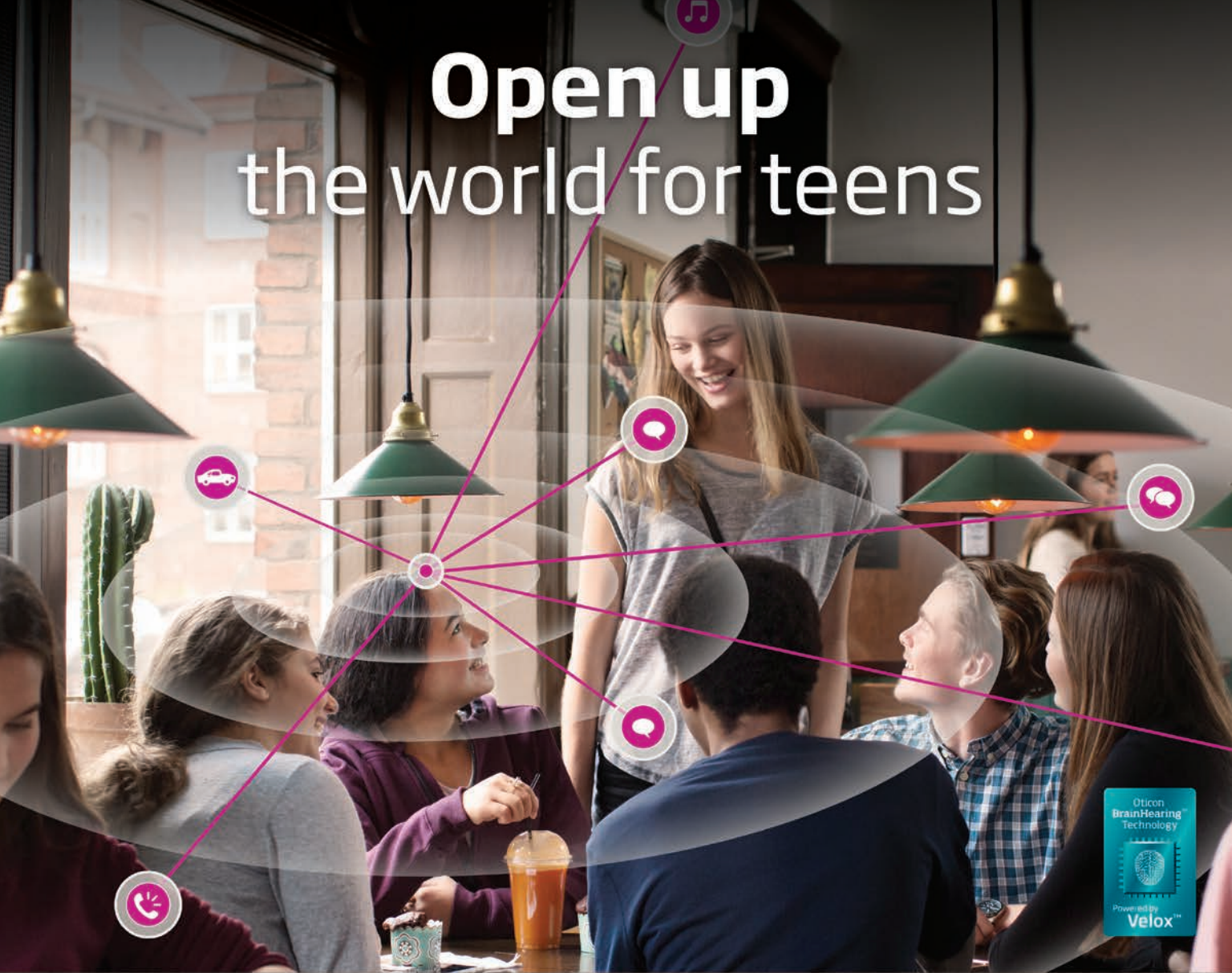
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VOLUME 24
ISSUE 2
APR-JUN 2017

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VOLTA Voices

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How to Navigate Summer Camp
with a Hearing Loss

Submissions to *Volta Voices*

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

For submission guidelines and to submit content, visit the *Volta Voices* page at www.agbell.org.

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.

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

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

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From the Chair



As a surgeon, I cannot place enough emphasis on the importance of keeping up with the latest advances in my field. I make it a practice to scour every professional journal in otolaryngology, and I subscribe to a variety of electronic newsletters. For completing continuing education credits and ensuring I have practical answers to all my questions, face-to-face conferences are the most effective.

I have no doubt this is true for professionals in any field. For those working in listening and spoken language, the AG Bell Symposium and the *Volta Review* are vital elements of knowledge and information exchange to make our practices strong.

The *Volta Review* has been going through a rebirthing process. When Alexander Graham Bell started the *Volta Review* in 1900, he had just turned over the control of the professional journal *Science* to the American Academy for the Advancement of Science. Dr. Bell was absolutely committed to documenting scientific advances and ensuring that scientists had access to the latest scholarly information. That's why he and his father-in-law invested over \$1.2 million in today's dollars into *Science* to spread that knowledge around the world.

The same diligence and commitment went into creating and publishing the *Volta Review*, and continues to this day. What's new is that the *Volta Review* is

now published online, making it easier for scholars and practitioners to search and find the information they need. Each year, a committee of some of the greatest minds in listening and spoken language reviews a plethora of research articles submitted from our field and selects those that meet the professional criteria of scholarly works for publication. It is a painstaking process, and as Chair of AG Bell, I am gratified by the dedication of these volunteers. As you read this, the 117th volume of the *Volta Review* is being finalized, and I hope those you serve through your work will benefit from its pages. I hope, too, that you will contribute your knowledge by submitting your research papers for publication.

In-person exchange brings this valuable research to life. Hearing from other professionals in our field about how they have put this vital evidence into practice, learning about the effects this knowledge has had on patients and students, and asking questions to customize this information and translate it into our own practice is critical for our success in listening and spoken language. The AG Bell Research Symposium offered at our Convention and the AG Bell LSL Symposium which takes place this summer in Washington are the bedrock for that exchange. I hope you have already registered for the LSL Symposium and will join in this remarkable event; if you haven't, it's not too late. You can visit the AG Bell website and register today.

This magazine is another vehicle for sharing information vital to our field. It's less formal than the *Volta Review* because

it's intended for a broader audience that includes parents, adults with hearing loss, health care providers, and the general public. You've seen in its pages articles from professionals that can improve the services delivered to people with hearing loss, but the magazine also carries information important to others. We are always looking for new writers and stories, and I encourage you to submit yours to us at editor@agbell.org.

The AG Bell Board of Directors and our partners, the Board of Directors of the AG Bell Academy, are committed to ensuring that professionals in listening and spoken language receive and benefit from valuable information critical to advance our field. I encourage you to participate by reading the *Volta Review*, submitting your written contributions to the journal and to *Volta Voices* and attending the LSL Symposium. I look forward to learning more about how you advance listening and spoken language and how AG Bell can help you excel in your profession.

Sincerely,

Ted A. Meyer MD, PhD

Ted A. Meyer, M.D., Ph.D.
President
info@agbell.org

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From the CEO



As our children grow older and learn to navigate the world without us, or as we progress in our career, we may forget the “village” that helped us on our journey.

I wanted to remind you that AG Bell is with you for life, that your journey is our journey, and we want to remain a part of your experience. I thought this might be a good time for AG Bell to reaffirm with you our purposes.

You know that AG Bell was founded by a teacher of the deaf who understood the techniques of speech therapy—and that Alexander Graham Bell worked without the technology now available to help people hear. He concentrated on helping children develop speech because through language, we are connected to each other; we learn and add to the collective knowledge of the world. We are always well aware that AG Bell’s purpose is to make it possible for children who are deaf and hard of hearing to connect to people and achieve their dreams. We are grateful for all the technological advances that make listening possible, but without speech, we are limited in how we can share our unique experiences with others, particularly in the mainstream.

AG Bell protects the rights of people who are deaf and hard of hearing and ensures that they have equal access to the education and accommodations they need to succeed. AG Bell keeps an eye on public policy and provides our members with information to collaborate with others on major issues. Public policy is affected by their voices locally and nationally. AG Bell has been a leader in Universal Newborn Hearing Screening, Early Hearing Detection and Intervention, and accommodation in schools,

universities, and places of entertainment. Our chapters provide parents and professionals with forums to support each other and share best practices, and to join together to promote the policies their children need to succeed.

We provide parents of a child with hearing loss with the information to make informed choices and the resources they need to give their child technology and training. The best known support AG Bell provides is through financial aid, but it’s not all we do. Our financial support is “cradle to college,” meaning families can get support from when their child is born through the teen years with our Leadership Opportunities for Teens (LOFT) program, and into college through scholarships.

We provide professionals with high-quality information, training and certification so that they can excel in providing therapy and training to people who are deaf and hard of hearing and support their journey to acquire listening and spoken language and literacy.

Professional members of AG Bell have access to a wide variety of materials and research through the AG Bell Convention, Symposium and Knowledge Center, and the *Volta Review*. Through our partnership with the AG Bell Academy, we certify professionals to ensure they meet the highest standards in serving our children.

We ensure that the general public is aware that people who are deaf and hard of hearing can learn to listen, talk and fully participate in all aspects of society. Being successful in listening and spoken language often means that other people cannot easily identify that a person has hearing loss. While that is a positive outcome, it can also mean that people are not sensitive to the specific needs of people with hearing loss. At AG Bell, we feel it is important to share their concerns and to celebrate their achievements. We do this through several media, including

my weekly column, *Speaking from the Volta Bureau*, our newsletters, this magazine, multiple social media tools, and the AG Bell website (agbell.org), as well as my favorite, the AG Bell YouTube Channel where families and adults share the stories of their outstanding accomplishments *in their own voices*. My special thanks go out to the college students and families who have shared their stories through video and social media postings.

Finally, we provide for our own sustainability to ensure that these purposes endure for the benefit of all people with hearing loss and society at large. We have a responsibility to invite you to support the generations of people with hearing loss and the professionals who serve them for years to come, which is why we ask for your contributions. As a nonprofit organization, we act on behalf of others to serve the public good, and we carefully steward your gifts and the special gift Dr. Bell gave us of the historic Volta Bureau.

I hope you will continue to participate with AG Bell and to share your journey with us. We pledge to be by your side, advancing listening and spoken language every day.

Kind regards,

Emilio Alonso-Mendoza, J.D., CFRE
Chief Executive Officer

QUESTIONS? COMMENTS? CONCERNS?

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Kailie Asam holds a Master's Degree in Deaf Education from the Program in Audiology and Communication Sciences at Washington University in St. Louis, MO, as well as a certification from the Council on the Education of the Deaf (CED). She is credentialed as an early intervention provider in the states of Missouri and Illinois. As a parent educator in the Joanne Parrish Knight Family Center at Central Institute for the Deaf, Asam provides home visits for families of children ages birth to three in the early intervention program. She coaches and educates parents on issues related to hearing loss, language and speech acquisition, and auditory skill development. She also attends audiology appointments with families, attends and participates in IFSP and transition meetings, and provides in-service and instruction at childcare facilities. Asam is currently implementing the teleintervention program at Central Institute for the Deaf.



Lisa Chutjian, CFRE, has served as the Chief Development Officer for AG Bell since November 2014. Chutjian earned her CFRE certification after serving 15 years as a fundraising professional in several organizations in Miami. She is a team-oriented leader who engages people for the contributions of talent they can make to the success of the entire organization. At AG Bell, Chutjian focuses her energies on expanding and preserving relationships, sharing the great news of the many families and

students served by AG Bell and helping donors feel appreciated and recognized for the impact their support makes on the lives of people who are deaf and hard of hearing.



Michelle Graham, M.S., CED, LSLS Cert. AVE, is the Lead Early Intervention Therapist at St. Joseph Institute for the Deaf (SJID) in St. Louis, Missouri. She is an experienced Listening and Spoken Language Specialist (LSLS®) in the field of deaf education, currently providing in-person family sessions and working with school-age children via SJID's ihear Internet Therapy program. She maintains certification in the area of Deaf/Hearing Impaired in several states in addition to Missouri certification in Early Childhood Special Education and Cross Categorical Disabilities: Mild/Moderate. Graham is adjunct faculty at Lindenwood University in St. Charles, Missouri, teaching a graduate course related to characteristics of young children who are deaf and hard of hearing.



Lisa A. Goldstein, M.J., has a master's degree in journalism from the University of California Berkeley, a digital hearing aid, a cochlear implant and plenty of deaf-friendly communication equipment. She spends her days juggling life as a freelance journalist, wife and mother of two in Pittsburgh, Pa. Lisa is an avid volunteer for AG Bell and leads the organization's Writer's Bureau.



Mrs. Chavi Friedman, BA Communication Disorders, SLP Chavi graduated the Hadassah College program for Communications Disorders and has been working with children at AVIsrael for four years. She does diagnostic evaluations at Child Development Center. She delivers workshops for parents and professionals on hearing loss and principles of AV therapy.



Mrs. Debbie Margolis, MA Audiology, SLP Debbie graduated from Columbia University in audiology in 1982 and moved to Israel in 1996. She received her Israeli license as an SLP in 2010. She has been an auditory verbal speech therapist at AVIsrael for 9 years working with children and with adults post-implantation.



Lisa McBee-Granados has served as Chapter Relations Manager for AG Bell since February 2017. Lisa grew up in the tranquility of the Blue Ridge Mountains in Virginia and earned her Bachelors of Speech Communications from Radford University. Lisa has led award-winning teams and spearheaded new initiatives for such notable organizations as Voice of America, Intelsat Ltd., the American Red Cross and Women in Cable Telecommunications. Lisa has worked with and supported chapters and volunteers for more than 10 years and considers herself to be a committed chapter advocate. 

NEWS BITES

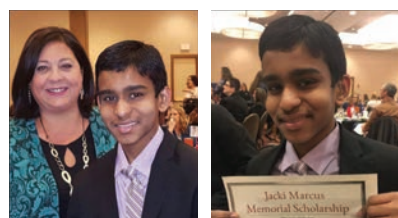
AG Bell Announces AVEd Scholarship



Last year's Doreen Pollack Scholarship was so successful that AG Bell is working to support the efforts of LSLS candidates on the Auditory-Verbal Educator Track as well. This new scholarship was announced in March, with an application deadline of April 14. The winner of the AG Bell AVEd scholarship will be presented with their award at the AG Bell Listening and Spoken Language Symposium in Washington D.C. from June 29 to July 1.

Sritej Vontikommu Wins Jacki Marcus Memorial Scholarship

Illinois Auditory Verbal Graduate Sritej Vontikommu has won the Jacki Marcus Scholarship. The award will support Teja's pre-medical education as he pursues a career in medicine. He is the student of Lynn Wagner Wood, LSLS Cert. AVT.



Lynn Wagner Wood, Au.D., LSLS Cert. AVT with Sritej Vontikommu

LSLS Online Practice Exam Launches



The AG Bell Academy for Listening and Spoken Language launched its online practice exam this February. In an effort to make the Listening and Spoken Language Specialist Certification Exam more accessible, the practice test was moved to an online format to enhance the preparation process for LSLS candidates. The exam can be accessed at: www.agbell.org/get-certified/exam-preparation/lsls-certification-practice-exam/

NCHAM Launches HeartoLearn.org



A new listening and spoken language resource for families is now available at HeartoLearn.org, launched by the National Center for Hearing Assessment and Management. The focus of this free online resource is to enhance the at-home language environment for children with hearing loss. HeartoLearn.org is available in English (heartolearn.org) and Spanish (oirparaaprender.org).

Technology and Medicare Bring Cochlear Implants to More Candidates



Advances in technology and regulatory changes are expanding access to cochlear implants (CIs) to a broader range of candidates. Previously, CIs were only available for candidates with severe hearing loss, and Medicare coverage reflected these requirements. New CIs designed for patients with broader hearing ranges are bringing the technology to more people and changes to Medicare criteria are improving public access.

The FDA has recently approved two new CI systems—the Cochlear Hybrid and the MED-EL EAS—for patients who already achieve high scores on hearing tests. Formerly, FDA candidacy guidelines only supported patients with profound hearing loss. At the same time, the Centers for Medicare and Medicaid Services (CMS) are providing CIs to participants in a pilot study expanding access to patients with moderate-to-profound hearing loss. Once that study is completed, the CMS will consider revising its national coverage guidelines accordingly. [vv](#)

Rhode Island Chapter Protects Statewide Language Choice



AG Bell's Rhode Island Chapter fought and won a fierce battle in the state legislature this past November, preventing the passage of a sweeping bill that would affect family language choice for children with hearing loss. The law, if passed, would require all children with identified hearing loss to use sign language as their primary mode of communication if they wished to attend a Rhode Island public school.

The Rhode Island Chapter of AG Bell worked the phones, contacting the offices of their state legislators to bring a more comprehensive picture of language choice

to the table. In the end, the bill was struck down and failed to pass. Thanks to the members and leadership of the Rhode Island Chapter for their perseverance in ensuring that language choice remains an essential freedom for the families of Rhode Island! For more information about AG Bell Chapters, please visit www.agbell.org/chapters. If your state doesn't have a chapter, please contact chapters@agbell.org to find out how you can get involved! [vv](#)



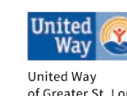
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- Tele-therapy
- Audiology
- Tutoring
- Parent Education
- Mainstream Support

INSTRUCT, GUIDE, AND
EMPOWER THROUGH

Collaboration:

THE ROLE OF LSLs IN SCHOOLS

By Michelle Graham

"What's Next?"

This question weighs heavily on the minds of parents as they gather information from doctors, audiologists, therapists, and early interventionists to make decisions regarding amplification, intervention, and education.

As a result of newborn hearing screening and technological advances, more children are identified with a hearing loss at birth and receive early intervention services. Parents of a child

who is deaf or has hearing loss who have chosen a listening and spoken language approach participate in intervention services from the time their child is identified with a hearing loss.

A child at age three is eligible to begin services within their school district. However, a child who is deaf or has a hearing loss does not automatically qualify to receive special education services through a school district.

When families begin the Individualized Education Plan (IEP) process with their school district, it can be overwhelming at times for parents to learn a specific sequence of development, new terminology, jargon, and curricula, leaving them yet again with the unsettling question of "What's next?"

One of ten principles guiding a Listening and Spoken Language Auditory Verbal Educator (LSLS Cert. AVEEd.) is to promote education in regular classrooms with peers who have typical hearing as early as possible, when the child has the skills to do so successfully. (AGBell Principles 2007) This principle correlates with the principle of promoting education in regular schools with peers who have typical hearing and with appropriate services from early childhood onwards (AGBell Principles 2007) (LSLS Cert. AVT).

The role of a LSLS throughout the IEP process is critical. A LSLS has supported, educated, and empowered the parents throughout their child's early intervention and focused on this guiding principle. When the child is ready to enter their mainstream school environment and be placed in a classroom with typical peers in a regular education setting, it is essential that the LSLS plans for continued support, education, and empowerment of the parents throughout the process, as well as collaboration with the IEP interdisciplinary team to help ensure that the student's plan is in line with their skills. The LSLS continually considers the same question of "What's next?" in supporting a child along the hierarchy of skill development and preparing them for future interactions and scenarios so that they are successful.

The role of the LSLS does not stop at the time a child enters the mainstream setting, and at times can even become more involved as they have expanded their role. The focus and/or intensity of the program may shift as the child progresses in listening and spoken language but is not discharged. (Fitzpatrick)

A child receiving services within their school district through an IEP may have several teachers and therapists providing ongoing services. Each member of the IEP team, which may include a general education teacher, a special education teacher, speech language pathologist (SLP), Occupational Therapist (OT), Physical Therapist (PT) and school counselor, brings to the table expertise in a specific area. "Generally speaking, mainstream classroom teachers have had little or no training or experience with children who are deaf and

hard of hearing. Listening and Spoken Language professionals guide, counsel, and provide support to teachers in mainstream classrooms." (Flexer) An SLP and Teacher of the Deaf may provide simultaneous services as they "engage in a collaborative team approach to facilitate the development of communicative competence." (ASHA)

Challenges present themselves when providing services to children through the IEP process. While the evidence supports the collaboration of LSLS with other school professionals to support outcomes for a child who is deaf or has a hearing loss, it is not always a reality. Often, school districts do not have a LSLS on staff. These districts may be open to contracting with

"Listening and Spoken Language professionals guide, counsel, and provide support to teachers in mainstream classrooms."

one to provide mentoring and professional development services for their staff members. Another rising trend is that many children who are deaf or have hearing loss are performing in the average range on standardized tests and are therefore not found eligible for services. Placement is in the general education population without additional supports in place through an IEP process. This places the responsibility for providing continued therapy on the parents who must seek and pay for a private LSLS. Children found eligible for services in their school district and mainstreamed into a regular education setting may have difficulties with fatigue participating in highly interactive, engaging, and ever-changing classrooms. Teachers have access to many resources offering more opportunities to their students, however, for the child who has a hearing loss, this may deter from learning in that the environment is inconsistent, fast paced, and presents additional barriers to learning and accessing language in their environment. A school day consists of time within the classroom as well as less structured periods including lunch, recess, P.E., hallway transitions, and assemblies. Classroom and school realities, such as distance learning, listening in noise, and listening to multiple speakers present barriers to incidental learning and general knowledge acquisition. (Fitzpatrick)

These moments create another challenge to the student due to increased background noise to signal ratio, less structured



communication exchanges with both adults and peers, unrehearsed vocabulary, scenarios, and concepts. It is important for those working with a child who has hearing loss and uses listening and spoken language to understand that while they are able to hear with their devices and talk with others, their hearing loss remains present as well as the underlying factor for any challenges that may arise.

For this reason, it is necessary that thought be given to the listening aspect when there are problems with comprehension and performance and steps be taken to use specific strategies of instruction isolating the auditory component. For an older student having difficulties with taking notes in class, it is important for the interdisciplinary team to look at seating placement within the room and use of an FM system for optimal sound access to the presented information. Additionally, the team will want to work on summarization skills of written information and then auditory information, working their way up from a small set to a large set encompassing academic vocabulary. Self-advocacy skills are also important to determine which piece of auditory information was misheard and how to make note to get that information later. It is important that the student feel comfortable and knowledgeable about the task and how to best complete it aside from the listening component, and then add the listening comprehension and memory component task as targeted practice in sessions.

Listening and Spoken Language Specialists follow developmental models of audition, speech, language, cognition, and communication; use evidence-based practices; and strive for excellent outcomes in listening, spoken language, literacy and independence for children who are deaf and hard of hearing. (Ouellette et al.) The LSLS has specific knowledge and training in audiologic assessment, hearing technology, creating and maintaining acoustically controlled environments, and guiding and coaching parents to become effective facilitators of their child's listening and spoken language development.

The LSLS provides focused and individualized instruction to the child through lesson plans and classroom activities while maximizing listening and spoken language, and collaborates with parents and professionals to promote each child's ability to self-monitor spoken language through listening. Conducting ongoing diagnostic assessments, developing individualized objectives and monitoring progress, and evaluating the effectiveness of teaching activities are principles outlined by the AG Bell Academy. (AG Bell) The LSLS focuses on the everyday activities in and out of the classroom providing instruction and guidance and empowering the student and the professionals they work with. These interactions adapt over time and may differ when working with different age groups.



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Instruct

- Provide direct instruction to the student targeting outcomes related to LSL
- Engage in ongoing and frequent conversations with the child's teachers
- Explain, demonstrate, and practice strategies of acoustic highlighting, auditory sandwich, auditory bombardment and expectant pause
- Explain, demonstrate and practice auditory feedback loop, and the strategy of modeling and imitation to identify and correct speech and language errors
- Assist in a clear understanding and ability to identify the impact of minimal pairs on auditory discrimination and comprehension both receptively and expressively
- Pre-teach vocabulary and concepts and provide follow up instruction
- Describe and practice the hierarchy of development and inclusion or omission of critical elements in following directions on auditory comprehension tasks

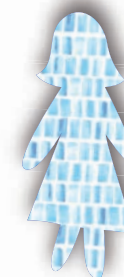
Guide

- Explain hearing loss, hearing aid care and usage, and FM usage
- Provide additional resources to support troubleshooting devices
- Discuss and explore seating arrangements to determine the most preferential seating for the student
- Discuss lesson planning with the teachers considering presentation style (group work, discussion, lecture, independent research)

- Discuss and adjust the environment to be acoustically fit offering decreased reverberation and increased signal to noise ratio
- Troubleshoot equipment and provide resources for additional information or hands-on guides to keep in the classroom
- Explore and understand the material taught within other subject areas to better collaborate and insert LSL skills throughout the student's day

Empower

- Explore a variety of self-advocacy skills for various situations and provide ongoing feedback and discussion
- Provide resources related to hearing loss, FM, LSL instruction techniques and strategies
- Provide background knowledge and information so that the teachers understand and feel comfortable with philosophy
- Keep the lines of communication open by replying to communication in a timely manner
- Collaborate with professionals and parents as adult learners through respect
- Facilitate discussion on the carryover of strategies for the professionals and students
- Encourage teachers to think through their lesson planning and presentation style providing a consistent sound source and acoustic environment conducive to learning
- Provide feedback and encourage reflection on skill development and strategy usage




This brief list is not comprehensive and additional suggestions for individual needs should be addressed as they arise. For younger children, there may be more emphasis placed on the explanation of the hearing loss, use of the devices including FM system, and specific strategies for the classroom. As a child gets older, more responsibility and advocacy may be required of them, and the communication between teachers may become

more time consuming as the student participates in many classes throughout the day and experiences situations that are less predictable and present a challenge such as talking with their friends in the hallway, taking notes during a lecture, or following a lengthy set of directions explaining a project. Keep in mind that the benefit from cochlear implants or hearing aids should not be overestimated. The student is using much more effort to hear than students with typical hearing do. (Flexer)

A child using listening and spoken language has developed listening skills to acquire language and will continue to rely on these skills and the progression of development over time as they embark on their academic career; therefore, the LSL is a key player in the collaborative efforts of the interdisciplinary team to assist the child in meeting their outcomes.

Michelle Graham, LSLS Cert. AVEd. is the Lead Early Intervention Therapist at St. Joseph Institute for the Deaf in St. Louis, Missouri.

She provides early intervention services to families supporting them from diagnosis through the transition process into a school district program at 3 years of age. Michelle provides services to families, students, and school districts in many states and internationally through the ihear Internet Therapy program, coaching parents and professionals as they work with students in their preschool through high school mainstream settings. 

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"As a child gets older, more responsibility and advocacy may be required of them."



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An illustration of a young boy with dark hair, wearing a red baseball cap, a white t-shirt, blue shorts, and a large brown backpack. He is holding a blue map and walking on a green path through a forest. In the background, there are green trees, a large brown tree trunk, and a bright yellow sun with a smiling face in a blue sky with white clouds.

HOW TO NAVIGATE

SUMMER CAMP

WITH A HEARING LOSS

By Lisa A. Goldstein

This summer, Noah Ribich will attend overnight camp for the first time. Noah—a 10-year-old bilateral cochlear implant wearer—is an excellent advocate for himself, so his mother Melanie isn't really worried about that aspect of his three-and-a-half weeks away.

"My concerns are solely equipment related," she said. "He's going to be away from home with very expensive equipment on his head without Mom around to monitor."

Indeed, this is a familiar issue for families of deaf and hard of hearing children, who have to do a little more preparation than most. *Volta Voices* talked to professionals, deaf campers, and veteran parents who shared their experiences and advice.

Camp Memories

Summer camp brings to mind warm weather, fun activities, friendships, and the dreaded nemesis of hearing technology: water. Pauline Newton, now a CI-user, wore hearing aids when she attended camp at age six. She remembers trying hard to impress another kid who was a year older, which meant following her into the pool... with one of her hearing aids on.

Like Newton, Jennifer Lootens attended camp as a child, but it was her experience as a counselor that taught her an important lesson. Her fellow counselors and program leaders knew about her deafness, but the fifth grade kids didn't. They were all ushered into a giant circle, where each person said his or her name, and then

the next person repeated the previous person's name, added theirs, and so on. The challenge was to try to remember everyone as they proceeded around the circle.

"Guess who was at the end of the circle?" Lootens asked. "Guess whose battery died partway into the game? Guess who had to tell everyone that this game wasn't easy, and excuse me while I go get a battery out of my backpack [which was far away]?"

On the upside, the incident taught Lootens to make sure she had a pack of batteries in her pocket. A good way to avoid future incidents is to incorporate this into the morning routine; this would also be excellent practice in learning how to be a better self-advocate.

Preparation

Clarke Schools for Hearing and Speech have summer camps that are unique because campers are with teachers of the deaf during the day and with counselors with hearing loss in the residences.

“We place great emphasis on promoting self-care and advocacy with the campers,” said Claire Troiano, Clarke MA Summer Camp Director. Since campers are 9-17 years old, there’s a range from complete independence in taking care of equipment to younger campers who need more help and guidance.

Clarke asked campers to be sure they have a supply of batteries, chargers if necessary, a dri-aid kit, and a secure container to store hearing aids or CIs on swimming adventures.

Listening checks are conducted daily, and kids are expected to carry spare batteries in their backpacks at all times. They’re also expected to put equipment in their dri-aid kits each night.

“I don’t think [kids] can be over-prepared,” Troiano said. In fact, many kids with CIs come with their backup CI in case it’s needed. Once in a while, campers forget their supply of batteries, but parents will overnight them.

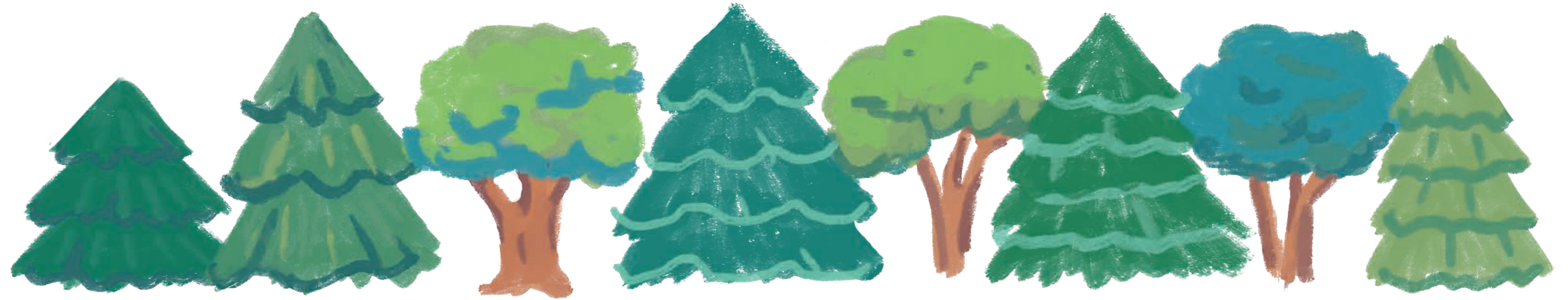
Tania and Jonathan Samson’s kids, Jacob and Eliana, attend

a different overnight camp; in the beginning, preparations began months in advance. The goal was to get in the habit of putting their CIs into safe storage overnight rather than haphazardly leaving them out where the CIs could get lost. Equipment and batteries were placed on their bedside table, so by the time camp started, the kids were pros at looking after their own equipment.

Each year, a request is put in for Jacob and Eliana to receive lower bunks that are as close to an outlet as possible, so they have chargers next to their beds. They have fanny packs to keep their Nammu hats, swim goggles, aqua pack, and small waterproof containers to keep the implants in.

This keeps their swim stuff organized and ready to go at all times, and they wear them around the camp or give them to their counselors, the Samsons said.

Since Noah Ribich also will be in the minority at his camp, his mother already has spoken to the camp’s inclusion coordinator at length about how best to train his counselors on Noah’s specific needs. This might include equipment troubleshooting, where his equipment will be when he’s in the shower, asleep, swimming, or on field trips. Since an inclusion coordinator isn’t a standard position at many camps, the key is to find a person to be the

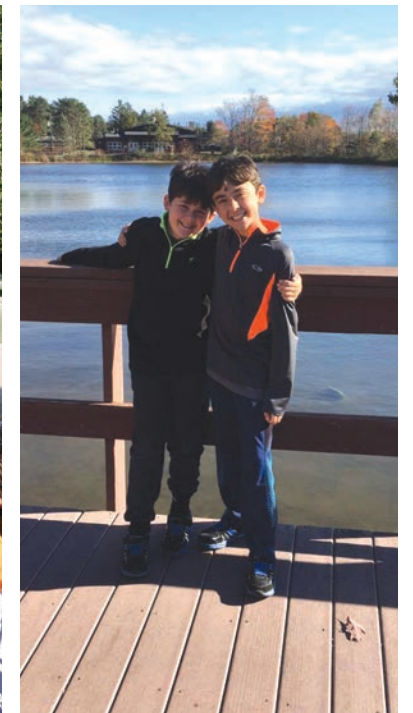


Clarke asked campers to be sure they have a supply of batteries, chargers if necessary, a dri-aid kit, and a secure container to store aids or CIs on swimming adventures. Listening checks are conducted daily, and kids are expected to carry spare batteries in their backpacks at all times. (COURTESY PHOTO)

“go-to” for your child. This could be a staff member or even a teen counselor.

Ribich is working on a spreadsheet with tips and tricks for the counselors, like how to change a cable, how to change batteries and how often, how to get the processors ready to swim, and how to put them in the drying box.

“These are all things Noah does himself,” Ribich said, “but it is still important in my opinion to have a counselor/adult who knows as well.” She also plans to provide the camp with information straight from the manufacturer’s website: diagrams of all the pieces and parts. “We have never had anything break in over eight years, but you never know!” she said. “My philosophy has always been one of well-orchestrated independence with everything Noah-related, and this is no different.”



Full participation in summer camp activities isn’t a problem for deaf and hard of hearing children—if they are fully prepared.

Other Tips

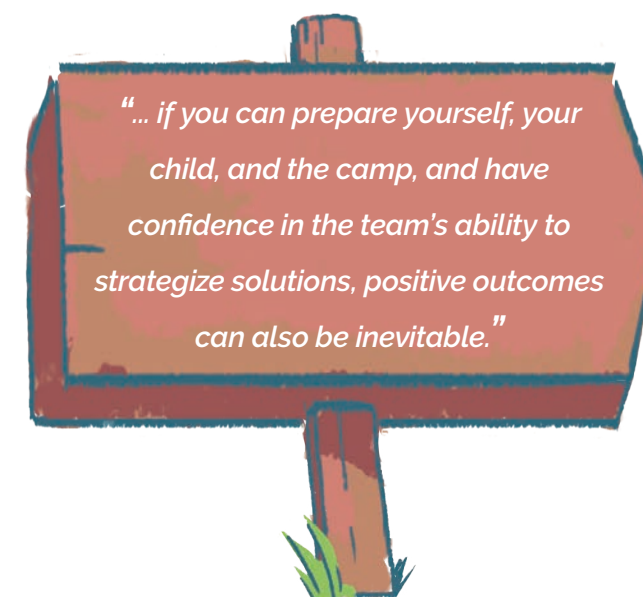
Newton recommends asking the camp director to rethink seating if your child needs to sit up front.

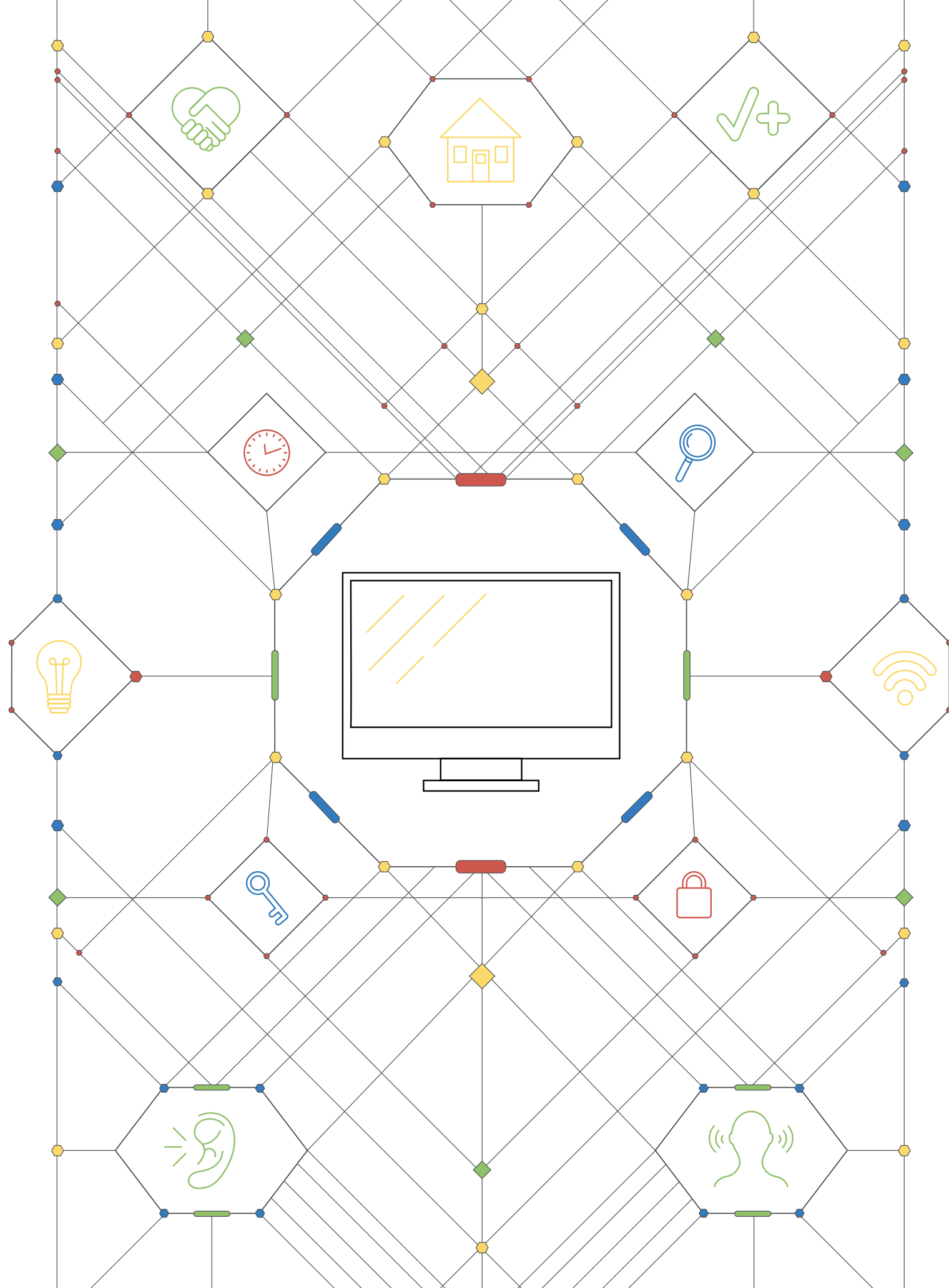
“Make sure the kids tell their counselors and friends what they need in terms of captioned movies or whatever activities in which they’re participating,” she said.

A buddy system might be beneficial, she adds, so that the buddy or cabinmates can make sure the child has all the necessary information s/he needs to have fun, like an announcement of when to meet at the flagpole for a scavenger hunt.

Christina Danese’s son—now a college student—attended Clarke until he aged out, and then he attended Whale Camp. He broke a cable or processor, but that’s not what he remembers all these years later. That summer changed his life; he now wants to become a marine biologist.

“Problems of one sort or another are an inevitability,” Danese said. “So if you can prepare yourself, your child, and the camp, and have confidence in the team’s ability to strategize solutions, positive outcomes can also be inevitable.” **VV**





Telepractice Strategies For Effective Sessions

By Kailie Asam

Tele, the Greek root for “distant” or “remote,” lends itself well to the word “telepractice”—the name of a service delivery model that developed due to advancements in technology.

Through communications using two-way video conferencing technology, telepractice allows families of children with hearing loss to access a teacher of the deaf for specialized services in their child’s most natural environment, their home.

It overcomes many barriers of the traditional in-person service model, such as a lack of qualified practitioners in rural areas, reaching families in those rural areas, missed appointments due to minor illnesses or inclement weather, time constraints due to travel, and a tendency for early interventionists to fall back on a therapy model in which they teach the child directly rather than coach the parents.

Many of us know that these barriers exist, which is what led to the development of telepractice, but what we need to know now is how to ensure successful telepractice sessions.

Prior to beginning telepractice sessions, it’s important to discuss functional strategies to ensure success. Some considerations to discuss with the family can include:

- **Lighting:** Encourage families to choose a space in their home with minimal outside light, which can cause a glare on the screen, decreasing the early interventionist’s ability to observe the parent-child interaction. Ask families to cover windows and turn on overhead lights to create an optimal environment for telepractice sessions.
- **Distractions:** Decrease possible distractions prior to sessions. Ask families to plan ahead by silencing cell phones, turning off TVs, radios, and other auditory/visual distractions, testing their child’s devices, and ensuring their video conferencing technology is plugged in, fully charged, and their internet connection is working.
- **Internet Speed:** Encourage families to disconnect other devices in the home, exit out of programs other than the software being used for the session, and plug directly into an internet source.
- **Privacy:** Early interventionists should plug hardware directly into an internet source or use password-protected Wi-Fi, choose HIPAA compliant software, and conduct sessions behind closed doors. The family must recognize that upholding privacy standards occurs on their end as well. Educate them on how to access a secure internet connection and be aware of environmental risks to privacy. Due to inherent risks involved when utilizing two-way video conferencing technology, early interventionists should always have families sign a privacy waiver prior to beginning sessions.

Now consider 10 strategies that are unique to providing services via two-way video conferencing:

1. Assess the home environment:



Assessing the home environment is important for gaining insight on a family's well-being. When using telepractice, your view is limited to the scope of the camera, making it difficult to assess a family's potential needs. Give families a pre-session questionnaire to guide you in understanding their general needs. Try asking open-ended questions, such as, "How does your child like to play?" A questionnaire can also help you decide whether or not to supply the family with materials prior to sessions.

2. Embrace wait time:



Many people are uncomfortable with silence; however, it's useful to realize the power of not talking. When you step back from sharing information, commenting, and coaching, you give the family an opportunity to provide input. You never know what you might learn, how what you learn might direct your parent education, and most importantly, how it might strengthen your family-provider relationship. During a telepractice session, it's also important to embrace wait time to allow for latency, or a delay in audio transmission. Allowing a few seconds of wait time before responding can ensure that your sessions run smoothly.

3. Model strategies:



Early interventionists often work one-on-one with a child while parents observe. In a telepractice session, this is not an option, so it's important to plan ahead and practice modeling strategies.

- Plan with the family and gain their input on the materials they'd like to use. This ensures the family has the necessary materials and aids you in modeling the strategy correctly.
- Be aware of the camera frame in which you're working. Observe yourself modeling a strategy prior to your session, to ensure you are staying within the frame of view.
- Consider the time lag, or latency, you may experience. This will help you gauge the timing of your session, including how long you will model a strategy and the time you need to leave for observation, questions, and reflection.

4. Repeat and rephrase:



When working with a family, it's easy to fall back on a therapy model. However, not all families are visual learners. It's the early interventionist's job to give the family information in a variety of ways, including modeling, but also being prepared to repeat and rephrase, so the family understands the purpose and goal of the activity. Think through different ways to describe an activity to elicit the strategy you're working on, prior to your telepractice session. Consider options for explaining to the family how to use

a strategy, why the strategy is important, and how we know when the interaction was successful. By giving the family clear and concise information in a variety of ways, you will ensure that the parent-child interaction is successful, and it will set you up for meaningful reflection with the parents.

5. Use key words:



We often rely on modeling to coach, yet many families learn best through hands-on experience. During a telepractice session, it can be difficult to "jump in" due to time lags and physical distance. Plan a key word with the family, so that from one word only, the parent can remember to use the strategy you've discussed.

- For example: Imagine you're working on wait time while reading a book. The parent points to the dog and says, "Look! There's the doggie. Can you say doggie?" When the child doesn't respond, the parent turns the page. Since you've already discussed with the parent that you will use the key word "wait," you don't need to give an explanation in this moment. You simply say, "Wait!" and the parent pauses and gives the child a moment to focus on the dog. Maybe, by giving the child extra time to consider the picture of the dog and the language model, the child will be encouraged to imitate the word.

6. Rely more on parent reporting:



As experts in our field, we use informed observations and knowledge of typical development to guide our practice. When using telepractice, our vantage point is not comparable to that of an in-person session, which affects our ability to rely on our own observations. Therefore, it is vital to rely more often on parent report. Parents truly are the experts on their child and effective early intervention balances parent input with provider knowledge. Ask parents for more input on their child's actions, not only when it's difficult for you to see ("Did you push the button on that toy, or did she?") but also to gain valuable information on child behavior and progress outside of sessions. This will aid in effective parent education, while helping parents become meaningful observers of their child.

7. Increase positive auditory feedback:



Body language can play an important role in establishing rapport with families. However, body language can be difficult to read across a computer screen. In telepractice sessions, it is vital that you increase your positive auditory feedback. Upon reflection of recorded sessions, you may find yourself silently leaning forward and nodding while observing a successful parent-child interaction. This would have been a great opportunity to give parents concrete, positive feedback.

8. Co-treat with other providers:



Scheduling conflicts make it difficult to co-treat with other providers. Depending on how many providers a child has, it can overcrowd the parents or child to have many providers in the home at once. The early interventionist on the screen can be seen as less invasive than an extra provider physically in the home. Observe another professional's session with telepractice to gain valuable feedback and knowledge from a provider who does go into the family's home. By honing a provider-to-provider relationship through telepractice, you open up opportunities to collaborate and share strategies with another professional.

9. Participate in meetings:




Scheduling difficulties arise when service coordinators are trying to accommodate the schedules of providers and family members for IFSP or IEP meetings. This leads to missed opportunities to collaborate and provide input and support for the family. With telepractice, scheduling conflicts decrease since drive time, minor illnesses, and inclement weather are no longer considerations. Try video conferencing to bypass scheduling conflicts and maintain an active role on the EI team.

10. Check for success:



It's important to ensure that sessions are running smoothly. When using telepractice, consider the added component of technology and check in with families to ensure the technology is working optimally. By encouraging open discussions about technology, you'll gain knowledge about the family's experience and their level of comfort and satisfaction with the service you're providing, and you'll be showing the family that you value their input in all aspects of your family-provider relationship.

Consider how these functional strategies and unique tips for effective telepractice sessions can be applied to both your in-person and telepractice sessions. During in-person sessions, you may increase the amount of coaching you provide, rather than falling back on a therapy model. For those utilizing two-way video conferencing technologies, these strategies can be implemented into your routines to make a significant impact on the quality of services you provide.

For a handout on 10 Strategies and Tips for Effective Telepractice Sessions, visit cid.edu. 

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GETTING AN EARLY START:

FM Systems for Toddlers and Preschoolers with Hearing Loss

A Pilot Study by Chavi Friedman, BA, SLP, AV Israel¹ and Debbie Morgulis, MS, SLP

The first years of life are widely recognized as being critical to the development of the listening and speech/language learning areas of the brain (Cole and Flexer, 2007). Early identification of hearing loss and the consistent use of hearing aids and cochlear implants are understood to play a key role in maximizing desired outcomes (Cole and Flexer 2016). The use of auxiliary FM technology for toddlers and preschoolers, however, is less widely agreed upon by professionals. AVIsrael, Israel's only AV center, initiated a research pilot as a means of collecting an evidence base for recommendations appropriate to our youngest group of listeners and speech/language learners.

Rationale

The goal of well-fitted and consistently used hearing technology is to transmit essential auditory input to the developing brain of a child with hearing loss. In this way, auditory-based speech and language stimulation and meaningful communication experiences can maximize the development of the auditory/neuro-linguistic brain centers. The stimulation and development of these areas of the brain in the earliest years of life is critical to the development not only of speech and language skills but also to emerging literacy and to overall academic achievement (Flexer, et al.).

In order to provide the best possible auditory input to the brain of the developing child, we must be concerned with maximal consistency and ease of listening in all possible listening situations. FM hearing technology, coupled with hearing aids or cochlear implants, is widely used and reported to improve ease of listening in classroom or academic settings by boosting distance hearing, decreasing room echo, and improving speech-in-noise discrimination (Flynn, et al., 2005). We know, however, that starting from infancy, speech and language learning opportunities take place in differing listening environments throughout the day, both in and outside of the home. These learning conditions may sometimes be as challenging to the beginning listener as that of the classroom setting. Infants and toddlers with

hearing loss who are in the beginning stages of their speech and language learning may be particularly vulnerable to the challenge presented by reduced ease of listening as described above. Studies have pointed to the effectiveness of using FM systems at home for this youngest age group of speech and language learners. (Thibodeau, 2008; Moeller et al., 1996) Among the positive results that have been described are better quantity and quality of parental speech and language input on one hand, and in the listening child's motivation to attend, initiate, or imitate on the other. These results can be understood to reflect the effect of improved ease of listening on both the speaker and listener in these settings. With this, there are a number of parameters that may complicate FM use, such as parental adaptation difficulty to the use of multiple hearing technologies, child based issues with keeping the technology in place, and cost and repair challenges. These cost / benefit considerations have caused inconsistency in professional recommendations regarding FM system use for infants and toddlers.

“Among the positive results that have been described are better quantity and quality of parental speech and language”



¹ AVIsrael was founded as an NGO in 1994 by a group of parents and professionals dedicated to bringing the auditory-verbal method of rehabilitation of children with hearing loss to Israel. Our Professional Director is Israel's only LSLS certified professional, with all professional staff at various stages of their LSLS training. AVIsrael services hundreds of families through audiological services (hearing tests and hearing aid fittings), AV speech therapy and cochlear implant rehabilitation as well as parent empowerment and professional education.



LEFT: Chavi graduated from the Hadassah College program for Communications Disorders and has been working with children at AVIsrael for four years. She does diagnostic evaluations at Child Development Center and delivers workshops for parents and professionals on hearing loss and principles of AV therapy. RIGHT: Debbie graduated from Columbia University with a degree in audiology in 1982. She received her Israeli license as an SLP in 2010. She has been an auditory verbal speech therapist at AVIsrael for nine years working with children and with adults post-implantation.

Pilot

In light of our understanding that early listening and auditory speech/language input is critical to brain growth and development, and considering the question of overall effectiveness of FM technology toward that end, we decided to conduct a pilot study in our AV clinic. In our clinical work, we adhere to a basic tenet of the Auditory-Verbal approach: “parents as partners” in the habilitation of their children with hearing loss. As such, the role of parents or caregivers in providing auditory input and as speech language learning models in the home or elsewhere is of primary importance. Our study was structured to identify the specific effect of FM use by parents during their daily routines and in interactions with their children. Our goal was to establish an evidence base from our clinical experience to support the use of auxiliary FM systems for very young children with hearing loss.

Ten children and their parents participated in our pilot study over the summer vacation period of July-August 2016. The child participants ranged in age from 11 months to 4.7 years old. All children use hearing technology binaurally and do not have other atypical developmental issues besides their hearing loss. Over a one-month period of participation in the pilot, parents were asked to fill in a daily log to track the amount of time and listening conditions for FM use and also the level of parent and child satisfaction (including specific examples). At the end of the month, parents were also asked to fill out a questionnaire rating (from 1= not observed through 5=strongly observed) for auditory awareness, increased ease of listening and focus, improved articulation, enhanced exposure and understanding of new information, and overall cooperation and interest in using hearing technology.

Parents had this to say:

“

We worked on specific vocabulary words with the FM system and it helped!”

—Parent of Y.A., age 4

“

D. was calmer, more cooperative, and more willing to follow instructions using the FM.”

—Parent of D., age 4

“

V. was able to be an active participant, along with their siblings, during dinnertime conversation. They said: I also want to tell about what I did in nursery school today!”

—Parent of Y. age 2.4

“

R. was able to imitate sounds even while playing in a noisy playground!”

—Parent of Y. age 2.2

“

During play, A. rode off on his riding toy but continued returning to tell me more (and remain engaged in conversation)!!”

—Parent of A., age 11 months

“

During the month long pilot study H. began using more verbs. I don’t know if it is a direct result of the FM use, but she suddenly made a jump in her language acquisition.”

—Parent of H., age 2.6

Findings

A summary of study results revealed some interesting observations from the participants. Nine out of the ten parent participants gave a high to highest possible rating (4-5) for overall satisfaction of FM use; eight out of ten child participants also rated satisfaction high (4-5). The overall parental rating of 4.3 out of a maximum of 5 on questions targeting an increase in language input using the FM system was also significant. Similarly, parents gave an average high rating (4 out of 5) to increased auditory awareness, increased verbal interaction with their child in noise, better understanding and ability to follow directions, and better ease of listening using the FM system. Additionally, our pilot study participants were asked to record some of their observations and experiences while using the FM.

Overall, as indicated, the parental feedback that we received pointed to a very positive result of using FM systems with the very young age group studied. This response gives strong support for the benefit of using FM systems coupled with a child’s hearing aid or cochlear implant at home and in informal listening conditions.

Conclusions

This pilot study, while revealing some interesting and potentially useful information, is limited in scope due to a relatively small number of participants assessed over only a one-month period; therefore, it does not allow for the assessment of statistical data or for data relating to the more long-term language processes (e.g. progress in receptive language skills, articulation, etc.). While the results received so far indicate a positive effect of FM use with young children, more research on this topic could be helpful in reinforcing professional recommendations that are evidence-based. **vv**

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Clarke teaches children who are deaf or hard of hearing to listen and talk.

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TO BE IMMORTALIZED

A Legacy of Giving to AG Bell By Lisa Chutjian

AG Bell marked the third year of Emilio Alonso-Mendoza's tenure as Chief Executive Officer on April 1st. Among his key initiatives are raising awareness among the general public that people who are deaf can learn to listen, talk and thrive, and engaging new audiences in supporting and promoting AG Bell's mission. Meanwhile, Lisa Chutjian joined AG Bell as Chief Development Officer in 2014, bringing 15 years of experience to the fundraising capacity of the organization.

CHUTJIAN: You and I have been working together a long time now—almost since the turn of the 21st century. When we met, you had already been a leader in several nonprofit organizations in the arts, medical research, and children's welfare. I was an HR director and had been working in nonprofit for about five years. You started me thinking in new directions when you said, "You have potential for a great career in fund development." You then guided and supported my professional development in the field. How did you get your start in fundraising?

ALONSO-MENDOZA: I probably started in kindergarten when I began selling candy for my school. All through school I was in leadership positions, and for one reason or another, we needed to raise funds for events, for a mission or a service in our community. As an adult, I supported my community through my family's company and got involved in some of the emerging Hispanic organizations in Miami. I had an innate talent to connect the dots between people with affluence and people in need. The best advice I received was from my mentor, Monsignor Bryan Walsh, who said, "If you're going to serve on a board, your greatest responsibility is to bring support to the organization, so you either bring the money, or better yet, learn to raise it from others." I read, I attended seminars and I joined a professional group, the Association of Fundraising Professionals, and through their conventions and meetings, I learned to become a professional fundraiser. That's the same path I helped to put you on.

CHUTJIAN: I know that working in the arts introduced you to a wide variety of people and gave you insight into their motivation to support what they love. How do you identify what moves people?

ALONSO-MENDOZA: Empathy is something I'm at odds to describe—is it something you're born with or something you learn? I am a great observer of people and have always had a special fascination with finding out what a person's passion is, and why. I guess I've always been interested in individuals and their choices as they proceed on their journey in life. And when I understand what moves them, I can apply that to the mission that I'm advancing.

CHUTJIAN: When you were at the Children's Home Society of Florida, I'm sure you saw a lot of suffering—too many children who lacked the basic supports of a safe home, nutrition and education. How do you balance the needs of the organization with the needs of each individual child?

ALONSO-MENDOZA: I am a strict adherent to the beliefs described in the United Nations Declaration of the Rights of the Child. The key principle to that statement is that the child shall be protected and given opportunities to develop physically, mentally, morally, spiritually and socially in a healthy

and normal manner and in freedom and dignity. In leadership positions—as a CEO or a board member—I have kept this principle uppermost in mind, and I support strongly organizations that defend and advance these rights.

CHUTJIAN: Working with older people who were affected by Parkinson's Disease must also have been difficult. So many of us have to worry about our parents and the challenges they will face in their later years. For me, that has given me a chance to think about where I make my own gifts and how I start a legacy to honor my parents. Was that something you found at the National Parkinson's Foundation? How did you guide people in building legacies?

ALONSO-MENDOZA: I experienced the death of my parents at a very early age. So although I did not get to see them live a long life, I did see other relatives and my in-laws reach that age threshold. Towards the end of life, their conversations often revolved around wisdom gained, wishes fulfilled or unfulfilled, and a desire to leave part of themselves in the living world



beyond their lifespan. In our field, people often talk about estate planning in a merely tax-avoidance and financial framework. But because of the mindset I experienced with older relatives, I believe legacy-giving is far more than that. One does not make a gift simply to save the family money once you are gone; the essence of the gift is a way to be immortalized and make sure that once you've passed on, the causes that you care for continue to receive your support. The bedrock of American philanthropy is those foundations funded by successful, illustrious people who, years after their death, continue to do good every day. The largesse of a few of those individuals still has an impact at AG Bell because, thanks to their endowment, our programs—scholarships, financial aid—continue to be vibrant and help the next generation fulfill their dreams.

CHUTJIAN: I believe that, too. Close to my heart is the hope to leave a legacy by investing in the future education of children. One of my favorite tasks at AG Bell is managing the College Scholarship program. It's not just the great feeling we get when we read about the wonderful accomplishments of our students and how they overcome challenges—it's also how satisfying it is to know that some of our students are benefiting from gifts that were invested decades ago, while others benefit from new gifts. I wish we could help more of them. How can we inspire others to be "investors" in AG Bell?

ALONSO-MENDOZA: I think our work and our successes are inspirational, but the best inspiration is the fact that a child who is born deaf today has an opportunity to overcome every challenge and compete on a more level playing field with young adults who have typical hearing. Isn't it wonderful to know that you are giving this future generation the freedom to dream and the capacity to achieve their dream? And a legacy gift makes that happen far beyond your lifetime.

CHUTJIAN: AG Bell has also been able to support so many people—families, adults with hearing loss, professionals

in our field—because of gifts from corporations. Some of them are focused on a particular program, like the MAXIMUS gift that supports the Leadership Opportunities for Teens program. Then there are others that are broader, like the continuing support of the UPS Foundation that ensures our website reaches people around the world, especially those who are Spanish speakers. Manufacturers of hearing technology are long-term supporters and are growing their gifts that fund many different activities at AG Bell. One of my favorite stories since you started at AG Bell is the support of Marcum LLP, where we receive designated gifts from their employee donations that are matched by the corporation.

ALONSO-MENDOZA: Marcum is one of the generous corporations we work with, and it's particularly heartwarming because those gifts are driven by their employees. I'm sure that others, especially manufacturers of hearing technology, realize that they should help everyone they can as good corporate citizens. As a consumer, I'm more motivated to choose goods and services from companies that give back, especially if their support is helping children's causes.

CHUTJIAN: There are other kinds of gifts, too. We have a great partnership with Hearing First, which is an outstanding website for listening and spoken language, and together we hope to raise awareness and help more people understand that people who are deaf can listen and speak. The Children's Hearing Foundation, which is located in Taiwan, has been a remarkable supporter of the LOFT program for over a decade. And we have a newer gift, the investment of the Dillehay Management Group as a donor-advised fund, the Turn It Up Fund, which provides gifts through our Arts and Sciences Financial Aid program. How did you and Chuck Dillehay form this fund?

ALONSO-MENDOZA: Chuck and I met in a great little Atlanta diner with a couple of his staff, and he shared with me the story of how his wonderful son, who was born


deaf, became an accomplished piano player. He wanted to help other children with hearing loss, not one time, but many times. Together we worked on a vehicle to enable him to contribute throughout the year. The Turn It Up Fund is a donor-advised fund; AG Bell receives gifts from Chuck's customers which are matched by his company and invested. From the monies earned, financial aid awards are made to support music lessons, which we know are a way to enhance learning. I very much appreciate the dedication of Chuck and the entire Dillehay family. It would be wonderful if AG Bell had more donations of this type that help children gain knowledge and skills that will last their whole life.

CHUTJIAN: What message would you like to share to inspire people to support the advancement of listening and spoken language for people who are deaf or hard of hearing?

ALONSO-MENDOZA: I think that those we've helped before have the opportunity to pay it forward. Thousands of children have been helped through financial aid, and for decades hundreds have received scholarships. I hope they will remember that we were there for them. They can help us serve others who are now where they were 10, 20, 30 years ago. In the quest for listening and spoken language, time is crucial, and the results are palpable. All you have to do is visit our website to



see videos of the achievements of children of all ages who have been helped by AG Bell. I think their stories speak louder than anything I can say. Donations and legacy gifts make it possible for a deaf child to hear the sound of the ocean, the warning honk of car horn, the beauty of a symphony, or the cooing of their newborn baby. I think having the chance to support this mission is priceless.

Visit us at www.agbell.org/donate or contact the AG Bell Development Office at 202-204-4678 or chutjian@agbell.org 

The bedrock of American philanthropy is those foundations funded by successful, illustrious people who, years after their death, continue to do good every day.

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Saluting Our Chapter Leaders

BY LISA MCBEE-GRANADOS, CHAPTER RELATIONS MANAGER, AG BELL



When I joined the American Red Cross more than 13 years ago to put together a nationwide call center, I knew that the organization assists thousands of displaced people during times of emergencies and extreme disaster. When I moved to Women in Cable Telecommunications, I knew it creates women leaders by developing them professionally and empowering them to succeed in business. And when I recently began to work for the Alexander Graham Bell Association for the Deaf and Hard of Hearing (AG Bell), I knew that its fundamental mission is to advance listening and spoken language for individuals who are deaf and hard of hearing.

What I did not know—but soon realized—was that while these organizations are unique in size, scope and purpose, the common denominator of all three is the extreme passion of their volunteer chapter leaders.

Volunteers from every state and background imaginable bring to AG Bell their skills, boundless energy and desire to make a difference. Whatever their motivations—for professional reasons or something a bit more personal—I have witnessed volunteers apply the same level

of commitment and dedication to their craft as I have with many paid personnel. And, in every case, it's truly humbling.

Chapter Leaders: Ambassadors of the Brand

Chapters are the backbone of any organization and an extension of the national office. Chapter operations should run like a well-oiled machine; and with the support of the national office and effective leadership, every one has the potential to succeed.

Passionate Chapter Leaders are ambassadors of the brand. A good Chapter Leader embraces change, uses sound judgment, leads by example and consistently acts in the best interest of the Chapter and the organization. For so many members, the Chapter experience at the local level is quite possibly their first personal connection to the organization itself. To become involved with a Chapter Board is an awesome way to contribute your talents and have your voice heard.

I hope you applaud your chapter leaders often. A Chapter Board works tirelessly to advance the mission by offering members opportunities for networking, mentoring,

advocacy and professional development programs by bringing the right talent to the chapter, in the right place, and at the right time.

Helping Chapters Succeed

Chapters should be consistently responsive to the needs of their members and help them learn to advocate responsibly for the cause in which they believe. There is great value in embracing individuality, innovation and creativity in local programming to improve conditions in your own communities.

Well-developed and balanced programs and activities at the Chapter level also contribute to the professional and personal growth of an organization's members. I cannot tell you how many times I have heard a Chapter Leader remark that their Board experience provided them with the ability to connect in a meaningful and purposeful way.

I have had the joy of seeing flawless executions of large-scale chapter events in the most meticulous fashion with every detail going according to plan. Sadly, as a result of bad planning, I have also seen chapters fall short of the desired result.

I'm honored that AG Bell has given me the opportunity to share my experience and help both new and long-lived chapters succeed. There are always lessons to be learned, insights to be gained, and memories yet to make. In the spirit of cooperation and positive interaction, we can work together to showcase the herculean efforts of our children, our professionals and the wonderful adults living with hearing loss who have paved the way for these extraordinary people.

Chapter Volunteer Leaders—I salute you—your courage, diligence and conviction—and I am proud to stand along with you as a loyal chapter captain.

Directory of Services

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.

California

Echo Center/Echo Horizon School, 3430 McManus Avenue, Culver City, CA 90232 • 310-838-2442 (voice) • 310-838-0479 (fax) • 310-202-7201 (tty) • vishida@echohorizon.org (email) • www.echohorizon.org (website) • Vicki Ishida, Echo Center Director. Private elementary school incorporating an auditory/ oral mainstream program for students who are deaf or hard of hearing. Daily support provided by credentialed DHH teachers in speech, language, auditory skills and academic follow-up.

HEAR Center, 301 East Del Mar Blvd., Pasadena, CA 91101 • 626-796-2016 (voice) • 626-796-2320 (fax) • info@hearcenter.org (e-mail) • www.hearcenter.org (website) • Ellen S. Simon, Executive Director • Nonprofit 501c3 since 1954. Provides high quality Speech, Hearing, and Hearing Aid Services. Licensed Audiologists conduct hearing evaluations and dispense HEARING AIDS for all ages (newborns-seniors) with state of the art equipment. Licensed Speech Language Pathologists conduct speech evaluations and therapy for ages 6 months -18 years. HEAR Center also provides free outreach services such as free hearing and speech screenings, health fairs, and educational sessions.

HEAR to Talk, 547 North June Street, Los Angeles, CA 90004 • 323-464-3040 (voice) • Sylvia@hear2talk.com (e-mail) • www.hear2talk.com • Sylvia Rotfleisch, M.Sc.A., CED, CCC, Certified Auditory-Verbal Therapist*, LSLS Cert. AVT, Licensed Audiologist, California NPA Certified. Trained by Dr. Ling. Extensive expertise with cochlear implants and hearing aids.

House Children's Hearing Center of UCLA, 2100 W. 3rd Street, Suite 100 Los Angeles, CA 90057 • Voice (213) 353-7005 • FAX (213) 483-3716 • Lisa Owens, Au.D, CCC-SLP/A, Director, lowens@mednet.ucla.edu • Where excellence meets compassion in serving children birth-21 with hearing loss. Cutting edge diagnostic, therapeutic and educational counseling services. House Children's Hearing Center is a cochlear implant center adjacent to the House Clinic. Our staff is dedicated to partnering with families to maximize each child's auditory potential.

Weingarten Children's Center, 3518 Jefferson Ave. Redwood City, CA 94062 • vbassett@weingartencc.org (email) • www.deafkidstalk.org (website) • Kathleen Daniel Sussman—Executive Director—Pamela Hefner Musladin—Director of School. A listening and spoken language program where deaf and hard of hearing children listen, think and talk! Cognitive based program from birth through Kindergarten. Students develop excellent language, listening and social skills with superior academic competencies. Services include educational programs, parent/ infant, speech/language/auditory therapy, mainstream support, educational/clinical audiology, occupational therapy and Tele-therapy.

John Tracy Clinic, 806 West Adams Boulevard, Los Angeles, CA 90007 • 213-748-5481 (voice) • 800-522-4582 • PALS@JTC.org • www.jtc.org & www.youtube.com/johntracyclinic. Early detection, school readiness and parent empowerment since 1942. Worldwide Parent Distance Education and onsite comprehensive audiological, counseling and educational services for families with children ages birth-5 years old. Intensive Summer Sessions (children ages 2-5 and parents), with sibling program. Online and on-campus options for an accredited Master's and Credential in Deaf Education.

Listen and Learn, 4340 Stevens Creek Blvd., Suite 107, San Jose, CA 95129 • 408-345-4946 • Marsha A. Haines, M.A., CED, LSLS Cert. AVT and Sandra H. Hocker, M.A., and Jessica Lopez, M.A.Ed. Auditory Verbal therapy for the child and family from infancy. Services also include aural habilitation for older students and adults with cochlear implants. Extensive experience and expertise with cochlear implants, single and bilateral. Mainstream support services, school consultation, and assessment for children in their neighborhood schools. California NPA certified.

No Limits Theater Program and Educational Centers, No Limits Headquarters: 9801 Washington Blvd., 2nd Floor, Culver City, CA 90232 (310) 280- 0878, www.nolimitsfordeafchildren.org. Individual auditory, speech, and language therapy for DHH children between the ages of 3-18 as well as a literacy program, weekly parent workshops, leadership and mentoring for teens, and a national theater program.

USC Caruso Family Center, 806 W. Adams Blvd, Los Angeles, CA 90007. We provide state of the art diagnostic audiology services, hearing aids, and implantable devices to children from birth to adulthood, speech language therapy and auditory verbal therapy, and educational counseling and support. Located on the campus of the John Tracy Clinic, the Caruso Family Center is part of the University of Southern California's Keck School of Medicine. Otologic and surgical services are provided by Elina Kari, M.D., Courtney Voelker, M.D., and Rick Friedman, M.D. For appointments: (855) 222-3093, FAX-213-764-2899. For inquiries regarding services: margaret.winter@med.usc.edu or call (213) 764-2801.

Connecticut

CREC Soundbridge, 123 Progress Drive, Wethersfield, CT 06109 • 860- 529-4260 (voice/ TTY) • 860-257-8500 (fax) • www.crec.org/ soundbridge (website). Dr. Elizabeth B. Cole, Program Director. Comprehensive audiological and instructional services, birth through post-secondary, public school settings. Focus on providing cutting-edge technology for optimal auditory access and listening in educational settings and at home, development of spoken language, development

of self advocacy—all to support each individual's realization of social, academic and vocational potential. Birth to Three, auditory-verbal therapy, integrated preschool, intensive day program, direct educational and consulting services in schools, educational audiology support services in all settings, cochlear implant mapping and habilitation, diagnostic assessments, and summer programs.

Florida

Clarke Schools for Hearing and Speech / Jacksonville, 9803 Old St. Augustine Road, Suite 7, Jacksonville, FL 32257 • 904-880-9001 • info@clarkeschools.org • www.clarkeschools.org. Alisa Demico, MS, CCC-SLP, LSLS Cert AVT, and Cynthia Robinson, M.Ed., CED, LSLS Cert. AVEd, Co-Directors. A member of the Option Schools network, Clarke Schools for Hearing and Speech provides children who are deaf and hard of hearing with the listening, learning and spoken language skills they need to succeed. Comprehensive listening and spoken language programs prepare students for success in mainstream schools.

Services include early intervention, toddler, preschool, pre-K, kindergarten, parent support, cochlear implant habilitation, and mainstream support. Summer Listening and Spoken Language Program provides additional spoken language therapy for toddler and preschool-aged children. Clarke Schools for Hearing and Speech has locations in Boston, Bryn Mawr, Jacksonville, New York City, Northampton and Philadelphia.

Georgia

Auditory-Verbal Center Inc.—Atlanta Macon Teletherapy, 1901 Century Boulevard, Suite 20, Atlanta, GA 30345 • OFFICE: 404-633-8911 • EMAIL: Listen@avchears.org • WEBSITE: www.avchears.org. AVC provides Auditory-Verbal Therapy that teaches children who are deaf and hard of hearing to listen and speak WITHOUT the use of sign language or lip reading. AVC provides AV therapy expertly by their Listening & Spoken Language Specialists (LSLS®) through their two main locations in Atlanta and Macon but also virtually through teletherapy. Together, the LSLS and the parents work together to maximize each child's listening and spoken language skills. AVC also has a full Audiology & Hearing Aid Clinic that provides diagnostic testing, dispensing and repair of hearing aids and cochlear implant mapping for adults. Additional offices: 2720 Sheraton Drive, Suite D-240, Macon, GA 31204, 478-471-0019 (voice)

Illinois

Child's Voice, 180 Hansen Court, Wood Dale, IL 60191 • (630) 565-8200 (voice) • (630) 565-8282 (fax) • info@childsvoice.org (email) • www.childsvoice.org (website). Michele Wilkins, Ed.D., LSLS Cert. AVEd., Executive Director. A Listening and Spoken Language program for children birth to age 8. Cochlear implant (re) habilitation, audiology services, PREHDI services, and mainstream support services provided. Early

intervention for birth to age three with parent-infant and toddler classes and home based services offered in Wood Dale and Chicago. Chicago—phone (773) 516-5720; fax (773) 516-5721. Parent Support/Education classes at both locations.

Maryland
The Hearing and Speech Agency's Auditory/Oral Program: Little Ears Big Voices, 5900 Metro Drive, Baltimore, MD 21215 • (voice) 410-318-6780 • (relay) 711 • (fax) 410-318-6759 • Email: hasa@hasa.org • Website: www.hasa.org • Jill Berie, Educational Director; Olga Polites, Clinical Director; Erin Medley, Teacher of the Deaf. Auditory/Oral education and therapy program for infants and young children who are deaf or hard of hearing. Early intervention services are available for children birth to age 3 and a preschool program for children ages 3 through 5. Cheerful, spacious, state-of-the-art classrooms located in Gateway School are approved by the Maryland State Department of Education. Services include onsite audiology, speech-language therapy, family education and support. Applications are accepted year-round. Financial aid available.

Massachusetts
Clarke Schools for Hearing and Speech/ Boston, 1 Whitman Road, Canton, MA 02021 • 781-821-3499 (voice) • 781-821-3904 • info@clarkeschools.org • www.clarkeschools.org. Barbara Hecht, Ph.D., Director. A member of the Option Schools network, Clarke Schools for Hearing and Speech provides children who are deaf and hard of hearing with the listening, learning and spoken language skills they need to succeed. Comprehensive listening and spoken language programs prepare students for success in mainstream schools.

Services include early intervention, preschool, kindergarten, speech and language services, parent support, cochlear implant habilitation, and an extensive mainstream services program (itinerant and consulting). Children and families come to our campus from throughout Eastern and Central Massachusetts, Cape Cod, Rhode Island, Maine and New Hampshire for services

Clarke Schools for Hearing and Speech has locations in Boston, Bryn Mawr, Jacksonville, New York City, Northampton and Philadelphia.

Clarke Schools for Hearing and Speech/ Northampton, 45 Round Hill Road, Northampton, MA 01060 • 413-584-3450 • info@clarkeschools.org • www.clarkeschools.org. Bill Corwin, President. A member of the Option Schools network, Clarke Schools for Hearing and Speech provides children who are deaf and hard of hearing with the listening, learning and spoken language skills they need to succeed. Comprehensive listening and spoken language programs prepare students for success in mainstream schools

Services include early intervention, preschool, day school through 8th grade, cochlear implant assessment, summer programs, mainstream services (itinerant and consulting), evaluations for infants through high school students, audiological services, and a graduate degree program in teacher education.

Clarke Schools for Hearing and Speech has locations in Boston, Bryn Mawr, Jacksonville, New York City, Northampton and Philadelphia.

Mississippi
DuBard School for Language Disorders | The University of Southern Mississippi, 118 College Drive #5215, Hattiesburg, MS 39406-0001, United States • 601.266.5223 • Email: dubard@usm.edu • www.usm.edu/dubard • The DuBard School for Language Disorders is a clinical division of the Department of Speech and Hearing Sciences at The University of Southern Mississippi. The school serves children from birth to age 13 in its state-of-the-art facility. Working collaboratively with 20 public school districts, the school specializes in coexisting language disorders, dyslexia/specific learning disabilities in reading, and speech disorders, such as apraxia, through its non-graded, 11-month program. The DuBard Association Method®, a phonetic, multisensory, teaching-learning strategy that is Orton-Gillingham-based in content and principles of instruction, is the basis of the curriculum. Comprehensive evaluations, individual therapy, audiological services and professional development programs also are available. AA/EOE/ADA

Missouri
CID—Central Institute for the Deaf, 825 S. Taylor Avenue, St. Louis, MO 63110 314-977-0132 (voice) • 314-977-0037 (tty) • lberkowitz@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) • 314-692-8544 (fax) • www.moogcenter.org (website) • Betsy Moog Brooks, Executive Director, 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), Teleschool, mainstream services, educational evaluations, parent education and support groups, professional workshops, teacher education, and student teacher placements.

New Jersey
HIP of Bergen County Special Services, Midland Park School District, 41 E. Center Street, Midland Park, NJ 07432. • Contact Kathleen Treni, Principal (201) 343-8982, kattre@bergen.org. An integrated, comprehensive pre-K through 6th grade auditory oral program. Services include AV Therapy, Cochlear Implant Habilitation, Parent Education and Audiology services. STARS Early Intervention for babies, 0 to 3, with Toddler and Baby and Me groups available. SOUND SOLUTIONS consulting teacher services for mainstream students in North Jersey public schools. Contact Lisa Stewart, Supervisor at 201-343-6000 ext 6511 for information about teacher of the deaf, speech and audiology services to public schools. SHIP is the state's only 7 through 12th grade auditory oral program. CART (Computer Realtime Captioning) is provided in a supportive small high school environment and trained Social Worker is onsite to work with social skills and advocacy issues.

Summit Speech School for the Hearing Impaired Child, F.M. Kirby Center is an exclusively 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/TTY) • 908-508-0012 (fax) • info@summitspeech.org (email) • www.summitspeech.org (website) • Pamela Paskowitz, Ph.D., CCC-SLP, Executive Director. Programs include Early Intervention/Parent Infant (0-3 years), Preschool (3-5 years) and Itinerant Mainstream Support Services for children in their home districts. Speech and language, OT and PT and family support/family education services available. Pediatric audiological services are available for children birth-21 and educational audiology and consultation is available for school districts.

New York
Anne Kearney, M.S., LSLs Cert. AVT, CCC-SLP, 401 Littleworth Lane • Sea Cliff, Long Island, NY 11579 • 516-671-9057 (Voice) • Kearney@optonline.net. Family-centered auditory-verbal speech therapy for infants, children and adults with any level of hearing loss.

Center for Hearing and Communication, 50 Broadway, 6th Floor, New York, NY 10004 • 917 305-7700 (voice) • 917-305-7888 (TTY) • 917-305-7999 (fax) • www.CHC hearing.org (website). Florida Office: 2900 W. Cypress Creek Road, Suite 3, Ft. Lauderdale, FL 33309 • 954-601-1930 (Voice) • 954-601-1938 (TTY) • 954-601-1399 (Fax). A leading center for hearing and communication services for people of all ages who have a hearing loss as well as children with listening and learning challenges. Our acclaimed services for children include pediatric hearing evaluation and hearing aid fitting; auditory-oral therapy; and the evaluation and treatment of auditory processing disorder (APD). Comprehensive services for all ages include hearing evaluation; hearing aid evaluation, fitting and sales; cochlear implant training; communication therapy; assistive technology consultation; tinnitus treatment, emotional health and wellness; and Mobile Hearing Test Unit. Visit www.CHC hearing.org to access our vast library of information about hearing loss and hearing conservation.

Clarke Schools for Hearing and Speech/New York, 80 East End Avenue, New York, NY 10028 • 212-585-3500 • info@clarkeschools.org • www.clarkeschools.org. Meredith Berger, Director. A member of the Option Schools network, Clarke Schools for Hearing and Speech provides children who are deaf and hard of hearing with the listening, learning and spoken language skills they need to succeed. Comprehensive listening and spoken language programs prepare students for success in mainstream schools.

Clarke's New York campus is located on the Upper East Side of Manhattan and serves children age birth-5 years old from New York City and Westchester County. Clarke is an approved provider of early intervention evaluations and services, service coordination, and pre-school classes (self-contained and integrated). There are typically little or no out of pocket expenses for families attending Clarke New York. Our expert staff includes teachers of the deaf/hard of hearing, speech language pathologists, audiologists, social

workers/service coordinators and occupational and physical therapists

Clarke Schools for Hearing and Speech has locations in Boston, Bryn Mawr, Jacksonville, New York City, Northampton and Philadelphia.

Cleary School for the Deaf, 301 Smithtown Boulevard, Nesconset, NY 11767 • 631-588-0530 (voice) • www.clearyschool.org • Jacqueline Simms, Executive Director. Auditory Oral Programs include Parent-Infant (birth-3years) and Preschool (3-5 years). Offers Teacher of the Deaf, Speech Therapy & AV therapy. The primary focus of the Auditory-Oral Program is to develop students' ability to "listen to learn" along with developing age appropriate speech, language, and academic skills. These programs offer intensive speech therapy services with a goal to prepare students for life long learning. Additional services: Autism Resource, Audiological, Music, Art, Library, OT, PT and Parent Support.

Educational & Auditory Resources for Sound-EARS at St. Mary's School for the Deaf - 2253 Main St. Buffalo, NY 14214 • Coordinator: Kristen M. Cotter • (716) 834-7200 ext. 147 • kristen@smsdk12.org • www.smsdk12.org/category/EARS_Program/125.html • Serving children from birth to 5 years with hearing loss. • Teaches children to listen and speak through oral education. Infant/Toddler Program is a combination of center and home based one on one therapy providing every day listening strategies for families. • Auditory-Oral Preschool supports the development of listening and spoken language through play-based activities providing meaningful language learning opportunities. • Weekly interaction with hearing peers. • Comprehensive audiological services provided on site.

Rochester School for the Deaf, 1545 St. Paul Street, Rochester, NY 14621 • 585-544-1240 • 866-283-8810 (videophone) • info@RSDeaf.org • www.RSDeaf.org • Antony A. L. McLetchie, Superintendent/CEO. Serving Western and Central New York State, Rochester School for the Deaf (RSD) is an inclusive, bilingual school where children who are deaf and hard of hearing and their families thrive. Established in 1876, RSD provides quality Pre-K through 12th grade academic programs and services to ensure a bright and successful future for graduates who are heading to college or entering the world of work.

Ohio
Ohio Valley Voices, 6642 Branch Hill-Guinea Pike, Cincinnati, OH 45140 • 513-791-1458 (voice) • 513-791-4326 (fax) • mainoffice@ohiovalleyvoices.org (email) • www.ohiovalleyvoices.org (website). Ohio Valley Voices' mission is to teach children with hearing loss to listen and talk. Our primary goal is for children with hearing impairment to leave our program speaking within normal limits and reading at or above grade level. Our vision is for all children with hearing loss to have a bright future with endless possibilities. We provide early intervention, oral deaf education through 2nd grade, intensive speech/ language therapy, parent education, and support groups for families. We offer a 1:3 therapist to child ratio and complete audiology services, including daily maintenance/repairs on children's cochlear implants and/or hearing aids.

Mayfield Hearing Impaired Program, Millridge Elementary School. 962 Millridge Road, Highland Heights, OH 44143 • Phone 440/995-7300 • Fax 440/995-7255 • www.mayfieldschools.org • Mr. Matthew Bradic, Assistant Principal. Auditory/oral program with a full continuum of services, birth to 22 years of age. Serving 31+ public school districts in northeast Ohio. Parent-Infant-Toddler Program; preschool with typically developig 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.

Oklahoma
Hearts for Hearing, 11500 N. Portland Avenue, Oklahoma City, OK 73120 • 405-548-4300 • 405-548-4350(Fax) • Comprehensive hearing health care for children and adults with an emphasis on listening and spoken language outcomes. Our family-centered team includes audiologists, LSLs Cert. AVTs, speech-language pathologists, physicians and educators working closely with families for optimal listening and spoken language outcomes. Services include newborn hearing testing, pediatric and adult audiological evaluations, hearing aid fittings, cochlear implant evaluations and mapping. Auditory-verbal therapy as well as cochlear implant habilitation is offered by Listening and Spoken Language Specialists (LSLS®), as well as an auditory-oral preschool, parent-toddler group and a summer enrichment program. Continuing education and consulting available. www.heartsforhearing.org.

Oregon
Tucker Maxon School, 2860 SE Holgate Blvd. Portland, OR 97202 • (503) 235-6551 • info@tuckermaxon.org • www.tuckermaxon.org • Glen Gilbert, Executive Director • Linda Goodwin, Principal • Founded in 1947, Tucker Maxon offers early intervention, tele-intervention, pre-school, and K-5 education for deaf, hard of hearing and typical hearing children. We exceed the OPTION schools Standards of Excellence in Listening and Spoken Language Education. On-site audiology and speech-language pathology provide assistance to children with cochlear implants and hearing aids. Our average 8:1 student-teacher ratio and co-enrollment with hearing children results in improved listening and speaking skills and inspires a language-rich environment at home. Art, Music, gardens, goats, chickens, and daily PE augment our focus on communication, academics, and emotional intelligence. Tucker Maxon: Where every child has a voice.

Pennsylvania
Clarke Schools for Hearing and Speech/ Pennsylvania, 455 South Roberts Road, Bryn Mawr, PA 19010 • 610-525-9600 • info@clarkeschools.org • www.clarkeschools.org. Judith Sexton, MS, CED, LSLs Cert AVEEd, Director. A member of the Option Schools network, Clarke Schools for Hearing and Speech provides children who are deaf and hard of hearing with the listening, learning and spoken language skills they need to succeed. Comprehensive listening and spoken language programs prepare students for success in mainstream schools. Locations in Bryn Mawr and Philadelphia.

Services include early intervention, preschool, parent education, individual auditory speech and language services, cochlear implant habilitation for children and adults, audiological services, and mainstream services including itinerant teaching and consulting. Specially trained staff includes LSLs Cert. AVEEd and LSL Cert. AVT professionals, teachers of the deaf, special educators, speech language pathologists and a staff audiologist. Clarke Schools for Hearing and Speech has locations in Boston, Bryn Mawr, Jacksonville, New York City, Northampton and Philadelphia.

DePaul School for Hearing and Speech, 6202 Alder Street, Pittsburgh, PA 15206 • 412-924-1012 (voice) • 412-924-1036 (fax) • www.depaulhearingandspeech.org (website) • nl@depaulhearingandspeech.org (email) • Mimi Loughhead, Early Childhood Coordinator. DePaul School is the only school in the western Pennsylvania tri-state region that provides Listening and Spoken Language (LSL) education to children who are deaf or hard of hearing. DePaul School serves children in Pennsylvania and from Ohio and West Virginia. A State Approved Private School, most programs are tuition free to approved students. DePaul School provides early intervention services for children (birth to age 5); a center-based toddler program (ages 18–36 months); a preschool program (ages 3–5) and a comprehensive academic program grades K-8. DePaul School provides clinical services including audiology, Auditory-Verbal and speech therapy, cochlear implant MAPping and habilitation, physical and occupational therapy, mainstreaming support and parent education and support programs. Most children who participate in DePaul School's early intervention programs gain the Listening and Spoken Language (LSL) skills needed to succeed and transition to their neighborhood schools by first grade.

South Carolina
The University of South Carolina Speech & Hearing Research Center, 1224 Sumter Street Suite 300, Columbia SC 29201. (803) 777-2614 (Voice). (803) 253-4153 (Fax). Sph. sc.edu/shc/. The center provides audiology services, speech-language therapy, adult aural (re) habilitation therapy, and auditory-verbal therapy. Our audiology services include comprehensive diagnostic evaluations, hearing aid evaluations and programming. The University also provides a training program for AV therapy and cochlear implant management for professional/university students. Contacts for the AVT or CI programs include Rebecca Brashears (803-777-1698), Jason Wigand (803-777-2642), Gina Crosby-Quinatoa (803-777-2671), Jamy Claire Archer (803-777-1734). Appointment's (803-777-2630). Additional information contact Danielle Varnedoe-Center Director (803-777-2629) daniell@mailbox.sc.edu.

Tennessee
Child Hearing Services (CHS) - University of Tennessee Health Science Center, 578 South Stadium Hall • Knoxville, TN 37996 • 865-974-5451 (voice) • 865-974-1793 (fax) • www.uthsc.edu/allied/asp/hsc/chs.php (website) • Eclark1@uthsc.edu (email) • Emily Noss, M.A. CCC-SLP • CHS provides aural rehabilitation services for children who are deaf

DIRECTORY OF SERVICES

or hard of hearing ranging in age from birth-21. Group and individual treatment as well as aural/oral communication assessments, pre and post cochlear implant assessments, auditory training, adult cochlear implant training, and parent guidance are offered. The objectives of CHS are for each child to develop listening and spoken language skills commensurate with their peers. CHS is also a training program for audiology and speech-language pathology students.

Memphis Oral School for the Deaf,

7901 Poplar Avenue, Germantown, TN 38138 • 901-758-2228 (voice) • 901-531-6735 (fax) • www.mosdkids.org (website) • tschwarz@mosdkids.org (email). Teresa Schwartz, Executive Director. Services: Family Training Program (birth-age 3), Auditory/Oral Day School (ages 2-6), Audiological Testing, Hearing Aid Programming, Cochlear Implant Mapping and Therapy, Aural (Re)Habilitation, Speech-Language Therapy, Mainstream Service.

Vanderbilt Bill Wilkerson Center - National Center for Childhood Deafness and Family Communication,

Medical Center EastSouth Tower, 1215 21st Avenue South, Nashville, TN 37232-8718 • www.mc.vanderbilt.edu/VanderbiltBillWilkersonCenter (web). Fred Bess, Ph.D., Director NCCDFC, fred.h.bess@vanderbilt.edu; Michael Douglas, M.S., Principal, Mama Lere Hearing School, William.m.douglas@vanderbilt.edu; Lynn Hayes, Ed.D., Director, Master's in Education of the Deaf Program, lynn.hayes@vanderbilt.edu; Anne Marie Tharpe, Ph.D., Associate Director of Education, NCCDFC, anne.m.tharpe@vanderbilt.edu.

The National Center for Childhood Deafness and Family Communication (NCCDFC) at the Vanderbilt Bill Wilkerson Center houses a comprehensive program of research, education, and service for infants and children (birth through 18 years) with hearing loss and their families. Early intervention services include newborn hearing screening, full range of pediatric audiology services (diagnostic services, hearing aid fittings, and cochlear implant program), infant-family training, and toddler group. The Mama Lere Hearing School provides preschool educational services for listening and spoken language development. Telepractice services, including deaf education, speech-language intervention, audiology services, and professional coaching are available. The Department of Hearing and Speech Sciences offers an innovative, highly-ranked, interdisciplinary graduate program for audiology, speech-language pathology, and deaf education students. The NCCDFC is engaged in cutting-edge, basic and applied research in the area of childhood hearing loss.

Texas

Callier Center for Communication Disorders/UT Dallas, Callier - Dallas Facility: 1966 Inwood Road, Dallas, TX 75235 • Main number: 214-905-3000 • Appointments: 214-905-3030. Callier-Richardson Facility: 811 Synergy Park Blvd., Richardson, TX 75080 • Main number: 972-883-3630 • Appointments: 972-883-3630 • calliercenter@utdallas.edu (email) • www.utdallas.edu/calliercenter. For half a century, the Callier Center has been dedicated to helping children and adults with speech, language and hearing disorders connect with the world. We transform lives by providing leading-edge clinical services, conducting innovative research into new treatments

and technologies, and training the next generation of caring clinical providers. Callier provides hearing services, Auditory-Verbal therapy, and speech-language pathology services for all ages.

Audiology services include hearing evaluations, hearing aid dispensing, assistive devices, protective devices and tinnitus therapy. We are a partner of the Dallas Cochlear Implant Program, a joint enterprise among the Callier Center, UT Southwestern Medical Center and Children's Medical Center. Callier specializes in cochlear implant evaluations and post-surgical treatment for children from birth to 18 years. Our nationally accredited Child Development Program serves children developing typically and allows for the inclusive education of children with hearing impairments.

The Center for Hearing and Speech, Houston,

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). CHS serves children with hearing loss from birth to 18 years. Services include: The Melinda Webb School an auditory/oral preschool for children 18 months through kindergarten; Audiology Clinic providing comprehensive hearing evaluations, diagnostic ABR, hearing aid and FM evaluations and fittings, cochlear implant evaluations and follow-up mapping; Speech-Language Pathology Clinic providing Parent-Infant therapy, Auditory-Verbal therapy, aural(re) habilitation; family support services. All services offered on sliding fee scale and many services offered in Spanish.

Sunshine Cottage School for Deaf Children,

603 E. Hildebrand Ave., San Antonio, TX 78212 • 210/824-0579 • fax 210/826-0436. Founded in 1947, Sunshine Cottage, a listening and spoken language school promoting early identification of hearing loss and subsequent intervention teaching children with hearing impairment (infants through high school). State-of-the-art pediatric audiological services include hearing aid fitting, cochlear implant programming, assessment of children maintenance of campus soundfield and FM equipment. Programs include the Newborn Hearing Evaluation Center, Parent-Infant Program, Hearing Aid Loaner and Scholarship Programs, Educational Programs (preschool through fifth grade on campus and in mainstream settings), Habilitative Services, Speech Language Pathology, Counseling, and Assessment Services. Pre- and postcochlear implant assessments and habilitation. Accredited by the Southern Association of Colleges and Schools Council on Accreditation and School Improvement, OPTION Schools International, and is a Texas Education Agency approved non-public school. For more information visit www.sunshinetcottage.org.

Utah

Sound Beginnings at Utah State University, 2620 Old Main Hill, Logan UT • 84322-2620, 435-797-9235 (voice) • 435-797-7519 (fax) • www.soundbeginnings.usu.edu. Nicole Martin, M.S., CCC-SLP, Sound Beginnings Program Director, nicole.martin@usu.edu. Lauri Nelson, Ph.D., lauri.nelson@usu.edu; Listening and Spoken Language Graduate Program. A comprehensive listening and spoken language program serving children with hearing loss and their families. Services include early intervention, parent training, toddler and preschool classrooms, pediatric audiology, tele-intervention and individual therapy. The Department of Communication Disorders offers an

interdisciplinary Listening and Spoken Language graduate training program in Speech-Language Pathology, Audiology, and Deaf Education.

Wisconsin

Hear Wisconsin, 10243 W. National Avenue • West Allis, WI 53227 • 414-604-2200 • 414-604-7200 (Fax) • www.hearwi.org • Amy Peters Lajos, M.A., CCC-A, LSLS Cert. AVT, Director, Therapy Services. Private non-profit agency, near Milwaukee, providing quality, state-of-the-art comprehensive therapy services to individuals, of all ages, who have hearing loss. Highly qualified professionals include: LSLS certified practitioners; speech-language pathologists (including bilingual-Spanish); audiologists; teachers of the deaf and hard of hearing; and social worker. Services include family-focused, culturally responsive individualized early intervention; parent education; auditory-verbal therapy; tele-therapy via ConnectHear Program; speech-language therapy; toddler communication groups with typically hearing peers; pre- and post-cochlear implant therapy for all ages; specialized instruction; consultations; professional mentoring as well as agency related programs, resources, ongoing educational and parent-to-parent events.

INTERNATIONAL

Canada

Children's Hearing and Speech Centre of British Columbia, 3575 Kaslo Street, Vancouver, B.C. V5M 3H4, Canada • 604-437-0255 (voice) 604-437-0260 (fax) • www.childrenshearing.ca • Janet Weil, Principal and Executive Director • jweil@childrenshearing.ca. Serving families throughout BC since 1963, Full time audiology services; First Words Family Guidance from Birth-3, centre-based and tele-therapy, Mother Goose Parent Child Program; On-site Preschool through Grade 3, accredited school program, includes classes, individual sessions, SLP, OT and music; itinerant services K-Grade 12, in-person and tele-therapy; parent education and support groups

Montreal Oral School for the Deaf, 4670 St. Catherine Street West, Westmount, QC, Canada H3Z 1S5 • 514-488-4946 (voice/tty) • 514-488-0802 (fax) • info@montrealoralschool.com (email) • www.montrealoralschool.com (website). Parent-Infant program (0-3 years old). Full-time educational program (3-12 years old). Mainstreaming program in regular schools (elementary and secondary). Audiology, psychosocial and other support services.

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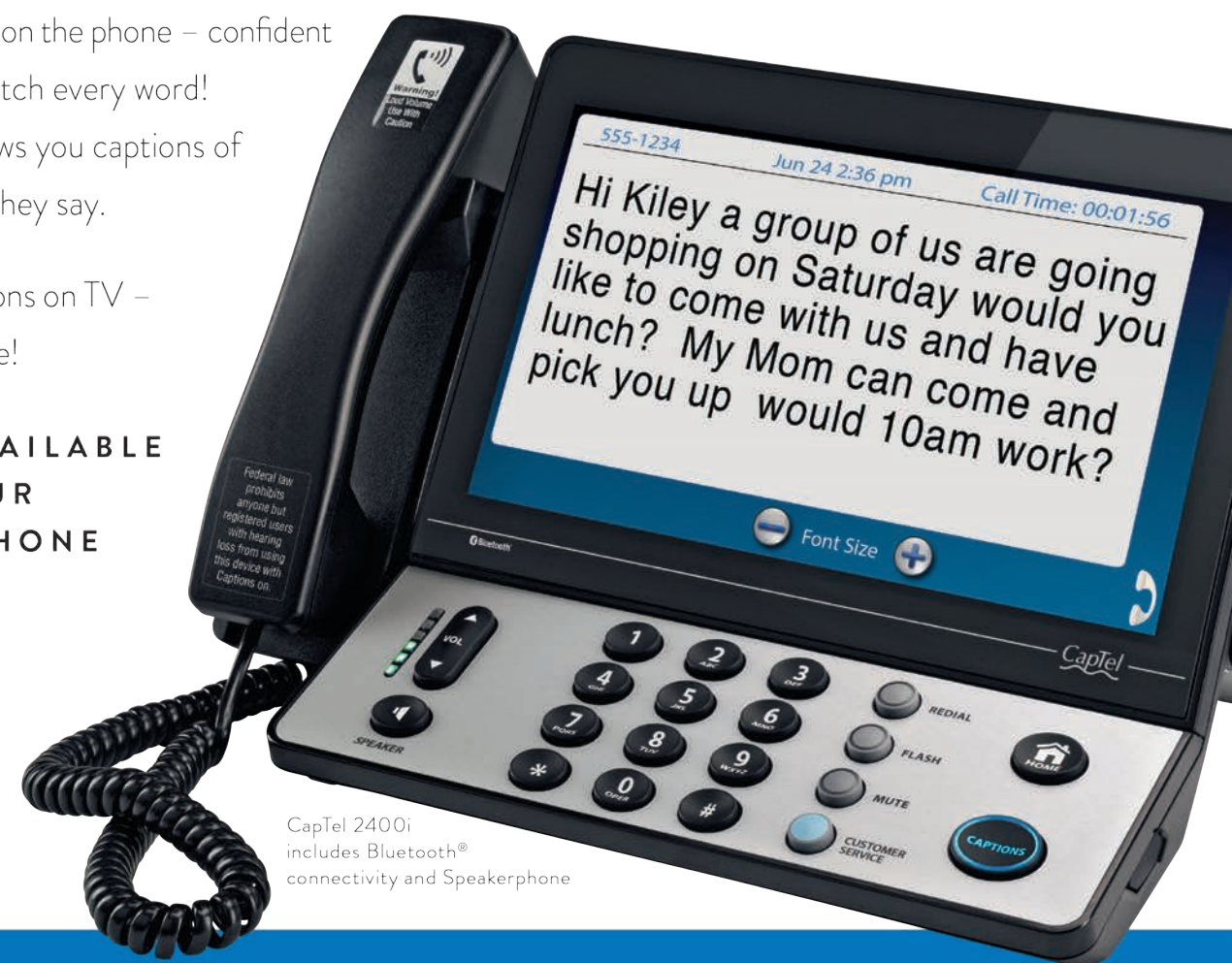


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A photograph of two young boys sitting at a table, looking at a large map. The boy on the right is smiling and pointing at the map with a yellow pencil. The boy on the left is looking at the map. The background shows a window with a view of trees.

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