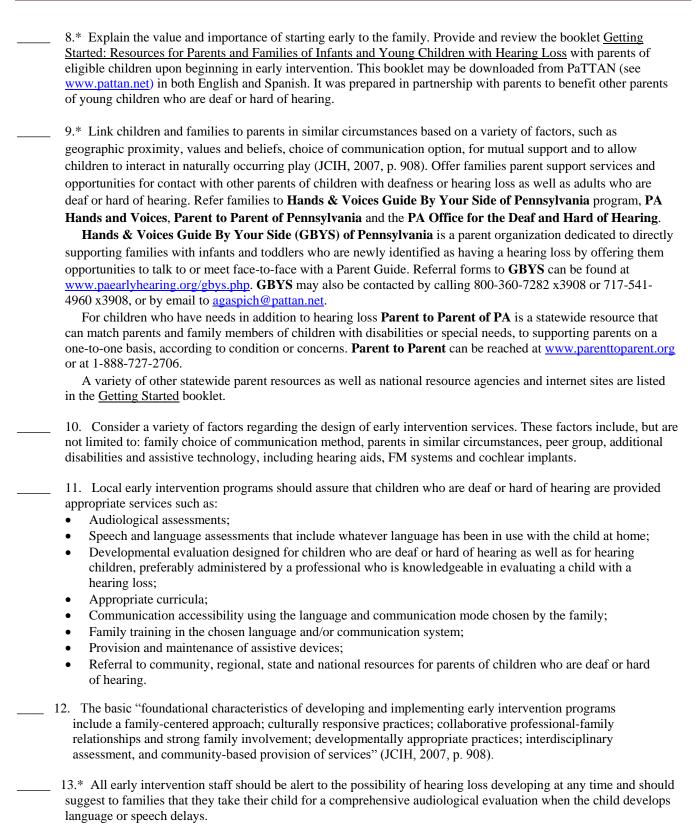
Early Intervention Checklist to Support Families of Infants, Toddlers and Young Children with Hearing Loss or Deafness

Deafness or hearing loss from birth, even if it is mild or in one ear, can have a significant impact on the early acquisition of communication, speech, language, listening skills, cognitive and social-emotional development and later academic achievement. Since the beginning of universal newborn hearing screening in Pennsylvania, early identification (the PA Early Hearing Detection and Intervention, EHDI, program) has been successfully bringing younger babies with hearing loss into early intervention. The Bureau of Early Intervention Services (BEIS) has collaborating with the PA Department of Health (DoH) in this effort . The PA EHDI website may be accessed at paearlyhearing.org.

For more than 30 years, the Joint Committee on Infant Hearing (JCIH), a national collaborative effort between federal and professional agencies and programs in health, welfare, and education, has published position statements summarizing the articulated standard of care across several fields including pediatrics, audiology and early intervention. Many of their recommended practices in appropriate early intervention for infants, toddlers and preschool children with deafness or hearing loss and their families (Joint Committee on Infant Hearing, Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs. PEDIATRICS, 120(4), October 2007, p. 898-923) have been incorporated into this document. The following is a checklist of recommended practices for early intervention in Pennsylvania for working with these children and their families. An asterisk (*) indicates that the item also is addressed in the Announcement EI-(planned for 2013), Recommendations for Children who Are Deaf or Hard of Hearing.

	1. Each early intervention entity should designate specific service coordinators or early intervention personnel who have acquired through annual and continuing in-service education expertise in supporting children with deafness or hearing loss and their families.
	2. Ask every family beginning early intervention if their child participated in universal newborn hearing screening , and if so, what the results indicated. The results should be recorded in the child's record and shared with the early intervention staff supporting the child and family.
	3. Connect the family with early intervention services offered by professionals who have expertise in hearing loss, including educators of the deaf, speech-language pathologists, and audiologists (JCIH, 2007, p.908,909).
	4.* Early intervention planning and services for children who are deaf or hard of hearing should be focused on language and communication (JCIH, 2007, p.911). The <u>Early Intervention Communication Plan</u> (see www.pattan.net) identifies issues which must be addressed during the planning process. The team may choose to use that tool as an aid and embed the communication plan components into the IFSP or IEP; or they may select to use the <u>EI Communication Plan</u> and append it to the IFSP or IEP.
•	5. In an unbiased manner, give information to all families about all the different communication options, including American Sign Language (ASL), Total Communication (TC), Cued Speech (CS) and Listening and Spoken language (L&SL, formerly auditory-oral or auditory verbal), as well as an ASL or English Bilingual approach to language. (JCIH, 2007, p. 909) Explanations and demonstrations of each of these options may be found at a variety of websites including the following: Beginnings for Parents of Children who are Deaf or Hard of Hearing (www.ncbegin.org);
•	Boys Town National Research Hospital and NIDCD; (http://www.babyhearing.org/LanguageLearning/Decisions/communication.asp); Hands and Voices (http://www.handsandvoices.org/comcon/index.html);
•	Raising Deaf Kids (www.raisingdeafkids.org/communicating/choices); Opening Doors: Technology and Communication Options for Children with Hearing Loss (2005) This free publication is available in English and Spanish from the United States Department of Education at (http://www2.ed.gov/about/offices/list/osers/products/opening_doors/index.html)
	6. A language rich environment is critical for infants/toddlers and preschool children with deafness or hearing loss. The environment should include access to fluent adult language models and to language peers in their primary or chosen language and communication mode (JCIH, 2007, p. 911).
	7.* If parents consent to share information about the child's eligibility for early intervention, use the Voluntary Authorization to Release Information form to inform referral sources. See www.pattan.net website for forms.

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14.* Many infants pass the newborn hearing screening but are at risk of developing delayed onset hearing loss; others may have mild or progressive forms of permanent hearing loss. It is recommended that all early intervention programs utilize the JCIH risk indicators associated with permanent congenital, delayed -onset, or progressive hearing loss in children from birth to 5 years. All early intervention personnel should familiarize themselves with these risk indicators and monitor these children more frequently (JCIH, 2007, p. 912).

The risk indicators include:

- any caregiver concern;
- family history of permanent childhood hearing loss;
- a newborn intensive care stay of more than 5 days or any of the following: extracorporeal membrane oxygenation (ECMO, a heart-lung machine), ventilation (assisted breathing), exposure to ototoxic medications, loop diuretics and hyperbilirubinemia with exchange transfusion;
- maternal infection during pregnancy (CMV, rubella, syphilis, toxoplasmosis);
- anomalies of the skull and face;
- physical findings associated with a syndrome known to include a sensorineural or permanent hearing loss;
- syndromes associated with hearing loss (Usher syndrome, Waardenburg, Alport, and others);
- progressive or late onset hearing loss;
- neurodegenerative disorders;
- postnatal infections associated with hearing loss, (e.g. meningitis);
- head trauma; and
- chemotherapy (JCIH, 2007,p. 912).

For an annotated list of Risk Indicators Associated with Permanent, Congenital, Delayed-Onset, or Progressive Hearing Loss in Childhood, see www.pattan.net.