

# VOICES

V O L T A

July/August 2011



INTERNATIONAL  
PERSPECTIVES

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JULY/AUGUST 2011

VOLUME 18

ISSUE 4

# VOICES

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AG Bell thanks its 2010 supporters and donors.

Alexander Graham Bell  
ALEXANDER GRAHAM BELL

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Advocating Independence  
through Listening and Talking  
— Adopted by the Alexander Graham Bell Association  
for the Deaf and Hard of Hearing  
Board of Directors, November 8, 1998

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# Want to Write for Volta Voices?

### Submissions to Volta Voices

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

Visit the Volta Voices page at [www.agbell.org](http://www.agbell.org) for submission guidelines and to submit content.



### Subjects of Interest

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

### Editorial Guidelines

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

### Transfer of Copyright

The revised copyright law, which went into effect in January 1978, provides that from the time a manuscript is written, statutory copyright is vested with the author(s). All authors whose articles have been accepted for publication in Volta Voices are requested to transfer copyright of their articles to AG Bell prior to publication. This copyright can be transferred only by written agreement. Without copyright ownership, the Alexander

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### Art Submission Guidelines

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).

### Submit Articles/Items to:

**Volta Voices**  
Alexander Graham Bell Association for the  
Deaf and Hard of Hearing  
3417 Volta Place, NW • Washington, DC 20007  
Email: [editor@agbell.org](mailto:editor@agbell.org)  
Submit online at [www.agbell.org](http://www.agbell.org)



### Letters to the Editor

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

### Media Kit

Visit [www.agbell.org](http://www.agbell.org) and select "About AG Bell" for advertising information.

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Articles published in Volta Voices do not necessarily reflect the opinions of the Alexander Graham Bell Association for the Deaf and Hard of Hearing.

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On the cover: All over the world parents and professionals are working tirelessly to improve access to listening and spoken language opportunities for children who are deaf or hard of hearing.



# Easing Financial Constraints

**R**ecent advances in technology have provided more opportunities than ever for children who are deaf or hard of hearing to access sound and develop spoken language. However, in the United States many barriers still exist, including financial constraints.

To help lessen the financial burden faced by many families, AG Bell has been a long supporter of legislation that would provide a tax credit for hearing aid purchases for children under age 18. Currently, not all states mandate insurance coverage for hearing aids, and those that do may exclude self-insured plans. Currently, 60 percent of all hearing aid purchases involve no third-party payment of any kind, according to a recent MarkeTrak report on trends in the hearing health industry. Parents frequently must carry the financial responsibility for hearing aids as well as audiological services. A national Hearing Aid Tax Credit, House bill (H.R. 1479), was reintroduced by Reps. Latham and McCarthy with 46 co-sponsors as of this printing, and the Senate bill (S. 905) was reintroduced by Sens. Harkin and Snowe and has 47 co-sponsors as of this printing (the original legislation was not passed in the last congress). If enacted, the Senate bill would provide a \$500 tax credit per hearing aid to people of all ages, while the House bill would cover children and people ages 55 and older.

AG Bell is joined in supporting the legislation by hearing health organizations including Hearing Industries Association (HIA), International Hearing Society (IHS), Hearing Loss Association of America (HLAA), Academy of Doctors of Audiology (ADA), American Academy of Audiology (AAA), American Speech-Language-Hearing Association (ASHA),

and American Tinnitus Association (ATA).

This legislation has attracted dramatic grassroots attention, motivating Americans across the nation to send more than 75,000 emails and letters to their elected Senators and Representatives since 2008. Events have also been held in Michigan, Texas and Nevada in support of the Hearing Aid Tax Credit and hosted by local AG Bell chapters. In May, Sen. Stabenow received a commemorative plaque honoring her support of the hearing aid tax credit during an event in East Lansing, Mich., which was attended by 170 supporters. The event was organized by Shon Halacka, president of the AG Bell Michigan chapter, and the local chapter of the Hearing Loss Association of Michigan. In June, Rep. Olson was honored for supporting the hearing aid tax credit at an event held in Sugar Land, Texas, that was organized by the AG Bell Texas chapter. Visit [www.hearingaidtaxcredit.org](http://www.hearingaidtaxcredit.org) to learn how you can support this important piece of legislation.

acquire listening and spoken language. Here is just one example of how this program has helped financial aid recipients: "Last year we received a generous grant from AG Bell that helped us to buy hearing aids for our daughter, who had been diagnosed with moderate to severe bilateral sensorineural hearing loss at the age of 2 months, and we were able to get her hearing aids by the age of 5 months. As we write this, we are realizing just how many words she uses. She is also able to mimic sounds, and has recently begun to vocalize to music. In short, she shows all the signs of hearing and talking that her 18 month old peers do."

Professionals are meeting this month at the AG Bell 2011 Listening & Spoken Language Symposium to discuss the best and future practices for listening and spoken language. Advocacy is a theme of the Symposium, and one session focuses on legislation for insurance coverage of children's hearing aids, highlighting the recent legislative victory in North Carolina. Effective January 2011, health care benefit plans in North Carolina

**This legislation has attracted dramatic grassroots attention, motivating Americans across the nation to send more than 75,000 emails and letters to their elected Senators and Representatives since 2008.**

AG Bell's financial aid programs also help reduce the costs of hearing aids, assistive technology and audiological services for families. The Parent-Infant Financial Aid Program supports parents and infants from the very beginning of their journey by assisting them with the technology that can help their child

must cover hearing aids for children with hearing loss from birth through age 21. Efforts by AG Bell members are underway in Massachusetts to pass hearing aid insurance legislation in that state.

The crisis of capacity of professionals qualified to provide services to families seeking a listening and spoken lan-

## VOICES FROM AG BELL

guage outcome for their child is a global challenge. One session at the AG Bell Symposium focuses on telepractice—the use of telecommunications and distance learning tools—to mentor professionals and provide services to families at a distance, highlighting efforts underway in the United States and Australia. Look for a complete report of the Symposium in the September/October issue of *Volta Voices*.

Providing listening and spoken language opportunities for children who are deaf and hard of hearing is a goal with a global impact. One such group hoping to make a global impact is the Solar Ear Corporation. Based in Brazil, Solar Ear produces low-cost hearing aids that are energized by solar-powered batteries. Users simply place the hearing aid bat-

teries inside a palm-sized solar charger and after about six to eight hours they're ready to go. In addition to deriving their power from a clean, renewable energy source, the batteries boast a two- to three-year lifespan; traditional hearing aid batteries need to be replaced weekly or bi-weekly. With the low cost and sustainable energy source, the opportunities for individuals with hearing loss in impoverished countries to have access to sound and to develop listening and spoken language are exponential.

AG Bell applauds the work of parents and professionals who are joining forces in the United States and around the world to expand the opportunities for children using listening and spoken language. We are always interested in hearing more about your efforts

and encourage you to contact me at ktreni@agbell.org.

Sincerely,



Kathleen Treni  
President

**QUESTIONS?  
COMMENTS?  
CONCERNS?**

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## Clarke Schools for Hearing and Speech

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# International Perspectives

This edition of *Volta Voices* sheds light on the efforts of individuals all over the world to build listening and spoken language opportunities for children who are deaf and hard of hearing.

First, “Parents Heard Around the World” introduces you to several motivated parents who have come together to support their child’s language development. Their efforts to organize parent support groups and communities serve as an inspiration to other parents looking to build support in their own community. Second, “Preparing a Global Network of LSL Professionals” discusses the different

initiatives professionals in other countries are utilizing to address a shortage of qualified professionals to work with children learning to listen and talk. An extended version of both these articles are available at [www.agbell.org/VoltaVoices](http://www.agbell.org/VoltaVoices). We invite you to log-in and share with us

other professional development or parent support initiatives you engage no matter where in the world you live (you must be logged in as a member in order to provide comment).

If you’re planning a trip and will require special accommodations, then

**We invite you to log-in and share with us other professional development or parent support initiatives you engage in no matter where in the world you live.**

## Expanding Children's Hearing Opportunities (ECHO) AT CARLE FOUNDATION HOSPITAL

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## EDITOR'S NOTE

"Have Hearing Loss, Will Travel" is a must-read. This article discusses one well-traveled AG Bell member's experience obtaining access while abroad to show that whether on a cruise ship or in a European city's bus, accessibility needs can be met. "Honor and Duty" is the story of one man's decision to enter the Israeli Defensive Forces despite a hearing loss and exemption from service. His positive attitude is an inspiration to all children with hearing loss. Finally, "Marhaba!" introduces you to Kirsten Beckett, a teen living with hearing loss in the United Arab Emirates. Her experience abroad and her passion for service is a terrific reminder of how much children with hearing loss can accomplish globally.

This issue also includes our regular columns. "Tips for Parents" discusses how family members can create experi-

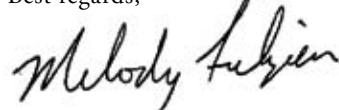
ence books to bridge generations and keep connections while encouraging spoken language development. The final installment of "Learning the Language of Elementary Arithmetic" discusses division word problems. All of these columns are available online at [www.JaneMadell.com](http://www.JaneMadell.com) and in Spanish at [www.t-oigo.com](http://www.t-oigo.com) / También disponible en español en la página web, [www.t-oigo.com](http://www.t-oigo.com). "Conversations" introduces you to Leah Illan and Rachel Staffer, co-founders of Training and Advocacy Group (TAG), which aims to help children and teens with hearing loss build self-esteem and advocacy skills.

Finally, we have included a special insert, "Recognizing the Generosity of Our Donors" as a thank-you to AG Bell's 2010 sponsors and donors. Without their generosity AG Bell could not continue to provide resources for

individuals with hearing loss and the families and professionals that support them.

Thank you for reading. As always, please contact me at [editor@agbell.org](mailto:editor@agbell.org) with your comments and suggestions or to submit a story idea. ☺

Best regards,



Melody Felzien  
Editor, *Volta Voices*  
[editor@agbell.org](mailto:editor@agbell.org)

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[www.sjid.org](http://www.sjid.org)

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# SOUND

## NEWS BITES

### **AG Bell Welcomes Two New Board Members**

On April 18, AG Bell announced the appointment of Ted Meyer, M.D., Ph.D., to its board of directors. Dr. Meyer currently serves as assistant professor in the Department of Otolaryngology at the Medical University of South Carolina (MUSC) in Charleston, S.C. He is a practicing neurotologist and also directs the otolaryngology residency program and the cochlear implant program at MUSC.

In addition, in May Wendy Deters, M.S., CCC-SLP, was elected by a membership vote to the AG Bell board of directors. Deters is a speech-language pathologist and the director of the early intervention program at Child's Voice School, a listening and spoken language program in the Chicago area. Deters brings a depth and breadth of experience both personally and professionally that will enhance the strategic guidance in planning the future of AG Bell. Join us in welcoming Meyer and Deters to the board.



AG Bell welcomes Deters and Meyer to its board of directors.

### **AG Bell Leadership Meets with the U.S. Department of Education**

On March 24, AG Bell leaders and staff hosted a briefing for the Office of

Special Education Programs (OSEP) on the value of the Listening and Spoken Language Specialist (LSLS) credential. Kathleen Treni, AG Bell president; Donald M. Goldberg, LSLS Cert. AVT, incoming AG Bell president and AG Bell Academy board member; and Steve Noyce, LSLS Cert. AVEd, superintendent of the Utah Schools for the Deaf and Blind, discussed the unique and robust skill set listening and spoken language professionals offer the families they support and the important roles these professionals play in supporting successful educational outcomes. Melody Musgrove, Ed.D., OSEP director, and the OSEP staff were briefed on the current crisis of capacity of certified LSLS professionals and the need to increase the overall number of these highly qualified specialists to meet the growing demand of families who choose a listening and spoken language outcome for their children who are deaf or hard of hearing. Dr. Musgrove will present at the opening session of the AG Bell Listening and Spoken Language Symposium in Washington, D.C., July 21-23.

### **AG Bell Academy Website Updated**

On April 25, the AG Bell Academy for Listening and Spoken Language launched an updated version of its website designed to better support certified LSLS and professionals seeking the LSLS certification. Visit the website at [www.agbellacademy.org](http://www.agbellacademy.org) to take advantage of the many resources, tools and information available to professionals working in the field of hearing health.

### **New Report Lists Audiologist, Speech-Language Pathologist as Least Stressful Jobs**

A report from CareerCast.com lists being an audiologist as the least stressful career, with speech-language pathologist also included in the top 10 least stressful professions. The report surveyed 200 different jobs measuring work environment, job competitiveness and risk to determine the rankings. The criteria used by CareerCast.com researchers included 11 different factors that invoke stress; each factor was assigned a range of points, and a high score was given if it was a major part of the job while fewer points were given if it wasn't normally required. Visit [www.careercast.com/jobs-rated/10-least-stressful-jobs-2011](http://www.careercast.com/jobs-rated/10-least-stressful-jobs-2011) to read the full report.

### **Parent Advocacy Training Program Now Available in Spanish**

AG Bell is pleased to announce that its Parent Advocacy Training (P.A.T.) program is now available in Spanish. P.A.T. is a 90-minute online course designed to help parents understand the legal framework for special education, and assist parents in understanding their rights and responsibilities. The program includes an interactive glossary of terms and sample videos demonstrating to parents how to work with school administrators and instructors in developing an appropriate educational program. The course is free thanks to the generous support of the Oticon Foundation. Visit [www.agbell.org](http://www.agbell.org) to access both the Spanish and English

# BITES

versions. This program has been approved for 1.5 CEUs by the AG Bell Academy for Listening and Spoken Language.

In addition, AG Bell now offers expert responses to your questions through its partnership with Bruce Goldstein and his associates at Goldstein, Ackerhalt & Pletcher, LLP. Families are welcome to contact AG Bell if they need additional information to assist with their child's Individualized Education Program (IEP), or access and rights to special education accommodations for their child or children under the Individuals with Disabilities Education Act (IDEA), Americans with Disabilities Act (ADA) or Section 504 of the Rehabilitation Act. Prior to submitting your question, AG Bell encourages families to complete the P.A.T. online course; answers to many common questions can be found within the course content. To submit your question or take the course, visit the P.A.T. program online at [www.agbell.org](http://www.agbell.org).

## **AG Bell President Presents on CART and Captioning at NCRA Conference**

On March 25, AG Bell President Kathleen Treni participated on a panel discussing captioning quality and

standards during the National Court Reporters Association (NCRA) Midyear Conference in Baltimore, Md. Treni joined representatives from the Federal Communications Commission (FCC), Hearing Loss Association of America (HLAA) and the National Association of Broadcasters to discuss issues around captioning and the state of quality and standards. Treni also presented a session on providing CART services in a K-12 public education setting. Treni stated, "AG Bell is committed to supporting consumers of CART services and improving captioning access for all individuals who are deaf or hard of hearing. These services are critical to helping children with hearing loss achieve independence through listening and spoken language and in facilitating the development of literacy supported by the use of CART."

## **Debate for Hearing Aid Insurance Coverage in Massachusetts Heats Up**

On May 17, the Massachusetts state Joint Committee on Families, Children and Persons with Disability took testimony regarding state House Bill 52, "An Act to Provide Access to Hearing Aids for Children." If enacted, the legislation would mandate hearing aid insurance coverage for children under age 21. The bill has 71 offi-

cial co-sponsors. To help support passage of this legislation, visit <http://masshafcc.blogspot.com> or <http://health.groups.yahoo.com/group/MassHAFCC>.

## **Study Shows Infrared Light Can Activate Ear Cells**

University of Utah scientists have made a surprising discovery that infrared light can activate heart and ear cells. Published in the March 15 edition of *The Journal of Physiology*, the series of studies used invisible infrared light to make rat heart cells contract and toadfish inner-ear cells send signals to the brain. The discovery may improve cochlear implant technology and lead to devices to restore vision, maintain balance and treat movement disorders, such as Parkinson's disease. The scientific significance of the studies is the discovery that optical signals can activate heart cells and inner-ear cells related to balance and hearing. The research also showed that infrared light activates the heart cells by triggering the movement of calcium ions in and out of mitochondria. The same process appears to occur when infrared light stimulates inner-ear cells. Infrared light can be felt as heat, raising the possibility the heart and ear cells were activated by heat rather than the infrared itself.

## **Newborn Hearing Screening Toolkit**

The National Initiative for Children's Healthcare Quality (NICHQ) Learning Collaborative "Improving Follow-Up to Newborn Hearing Screening



(From L-R): Eliot Greenwald (FCC), Kathleen Treni (AG Bell), Joe Gordon (HLAA), Lise Hamlin (HLAA) and Mark Golden (NCRA).

AG Bell

# SOUND BITES

## CHAPTERS

**Hear Indiana**, the AG Bell Indiana Chapter, held a successful 8th Annual Talk-Walk-Run on April 30 in Indianapolis, Ind. Presented by Peyton Manning's Children's Hospital at St. Vincent, the event helped Hear Indiana raise a record \$55,000 to support children who are deaf and hard of hearing in Indiana. The event drew a record 700 attendees,



Alice Sinclair

Children participate in the Kids Fun Run event, part of Hear Indiana's 8th Annual Talk-Walk-Run fundraiser.

including community members, Hear Indiana friends, and families and children living with hearing loss. The funds raised will go toward Hear Indiana programs, including support and advocacy, financial aid, educational programming and a youth leadership camp. Hear Indiana would like to extend a huge "thank you" to those who contributed their time, talents and resources to make this year's event the best yet! For more information, visit [www.HearIndiana.org](http://www.HearIndiana.org).

The AG Bell **Ohio Chapter** will hold its biennial conference on Oct. 22 in Columbus, Ohio. The one-day conference will feature a keynote address by Karen Maciver-Lux, entitled "Listen, Learn, Lead & Let Go – Living with Hearing Loss." For more information, visit [www.ohioagbell.org](http://www.ohioagbell.org).

The AG Bell **Oregon Chapter** sent 10 children with hearing loss between the ages of 7 and 18 to Camp Westwind on June 26-July 1. Camp Westwind is a YWCA camp on the Oregon coast where campers learn a variety of skills and enjoy activities, such as hiking, tide pooling and boating, with children of all hearing abilities from all over the state. The Oregon Chapter provides a teacher of the deaf and youth counselor who can help manage hearing equipment and ensure that all children are integrated into and receiving appropriate support in all activities. This year the chapter received a \$4,000 grant from Juan Young Trust to fund this experience for campers; the grant will cover two-thirds of the camp expenses. The chapter's goal for next year is to raise enough money to cover all expenses (except a \$100 fee per child) so that all children with hearing loss may have access to this week-long summer camp experience regardless of family income.

by Working Through the Medical Home," conducted in collaboration with the National Center for Hearing Assessment and Management (NCHAM), has created a series of tools and materials designed to improve the system of care for all newborns with possible hearing loss. Funded by The Health Resources

and Services Administration (HRSA)-Maternal and Child Health Bureau (MCHB), the project focused on strengthening relationships between all stakeholders in the continuum of care for infants who did not pass the newborn hearing screening and their families. Participating state teams developed numerous

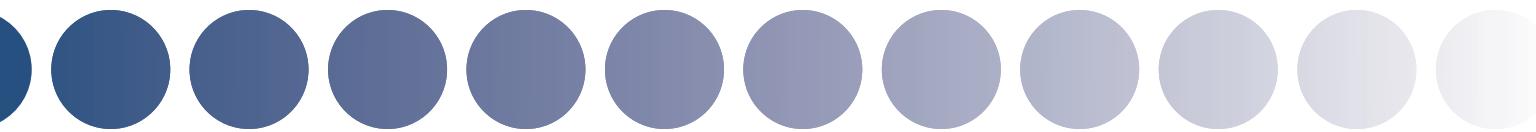
tools and materials, compiled as a toolkit, to assist the care providers in enhancing communication between providers and building reliability into the care processes. Other change concepts include standardizing tools, developing scripts for communicating with parents, and removing inefficiency in system processes. For additional information, visit [www.nichq.org/resources/newborn\\_hearing\\_screening\\_toolkit.html](http://www.nichq.org/resources/newborn_hearing_screening_toolkit.html).

## Cinemark Announces Closed Captioning in First Run Theaters

Cinemark announced it will begin providing closed captioning to patrons with hearing loss in all of its first-run theaters across the United States by mid-2012. The move is part of a settlement with the Association of Late-Deafened Adults, which recently sued Cinemark over access issues in California. Closed captions are only visible to patrons who request a viewing device and do not interfere with the movie-going experience of others.

## House Ear Institute Changes Name

The House Ear Institute has changed its name to The House Research Institute to more accurately reflect the nonprofit's research-based mission. In the last several years, research has expanded beyond the institute's traditional study focus, where hearing loss is the primary diagnosis, to include studies on the effects of medication used to treat cancer, HIV/AIDS, cystic fibrosis and tuberculosis on sensorineural hearing. With the name change, the institute's board of directors hopes to expand research funding and grant opportunities. For more information about The House Research Institute, visit [www.houseresearchinstitute.org](http://www.houseresearchinstitute.org).



## **Missouri House Approves Disability Laws Package**

On April 16, the Missouri State House approved a disability laws package that expands state health coverage of hearing aids deemed to be medically necessary. If the legislation becomes law, hearing aid coverage will be included in the state's Medicaid program. Visit <http://moga.mo.gov> for updates on this legislation.

## **SMPTE Makes Closed-Captioning Standard Freely Available**

As the Federal Communications Commission (FCC) prepares to adopt rules to ensure individuals with disabilities can fully utilize and enjoy Internet-delivered video content, the Society of Motion

Picture and Television Engineers (SMPTE) recently announced that it would make its standard for closed-captioning of online video content (known as SMPTE Timed Text and by the designation SMPTE 2052) available free of charge. SMPTE is the worldwide leader in motion-imaging standards and education for the communications, media and entertainment industries. "SMPTE Timed Text enables broadcasters to expand the use of their existing TV captions into the online media space, while ensuring the preservation of their integrity. Its use will permit the industry to more rapidly migrate programming with captions to the web and ensure that all consumers' online experiences will be at least as rich as they enjoy on TV today," said

Clyde Smith, senior vice president of Global Broadcast Technology, Turner Entertainment Networks, and an SMPTE Fellow. For more information, visit [www.smpte.org](http://www.smpte.org).

## **U.S. Department of Justice Reaches ADA Settlement with Wells Fargo**

Recently, the U.S. Department of Justice reached an agreement with Wells Fargo & Company to settle claims that Wells Fargo discriminated against customers with disabilities by (among other things) refusing to accept telephone calls from customers who are deaf and hard of hearing. Under this settlement, Wells Fargo will pay up to \$16 million to compensate individuals who experienced discrimination. If you believe that you were a victim

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# SOUND BITES

of disability discrimination or failure to accommodate discrimination by Wells Fargo, please visit [www.ada.gov/wells\\_fargo/](http://www.ada.gov/wells_fargo/) to learn more about the settlement and the claims process.

## Drug Protects Against Hearing Loss from Cochlear Implant Electrode Insertion

New research presented at the recent Midwinter Meeting of the Association for Research in Otolaryngology (ARO) provides further evidence of a new drug's ability to protect the cochlea during cochlear implant surgery. As cochlear implantation is an invasive procedure, parts of the cochlea may be damaged mechanically or through various other effects, such as oxidative stress and inflammation. While

## PEOPLE IN THE NEWS

**Catharine McNally**, an AG Bell board member and bilateral cochlear implant user, was featured in the May edition of *Washingtonian Magazine*. The article, "Tech Titans 2011: People to Watch," highlights McNally's Keen Guides, a service that provides downloadable captioned video tours of museums all over the country. To read the full article, visit [www.washingtonian.com/print/articles/6/0/19189.html](http://www.washingtonian.com/print/articles/6/0/19189.html).

On May 11, AG Bell members **Rachel Dubin** and **Caitlin Parton** received the National Organization for Research Foundation's 2011 Young Advocate Award. Dubin and Parton were recognized for their efforts lobbying and testifying for Congressional funding for the National Institute on Deafness and Other Communication Disorders and their continued involvement in deaf-related issues.

these effects are of less importance in cases of patients who were already profoundly deaf prior to implantation, protection from insertion trauma is important whenever residual hearing

can be preserved. When the drug, AM-111, is administered within a therapeutic window after the surgery it can effectively protect cochlear hair cells and neurons that would otherwise

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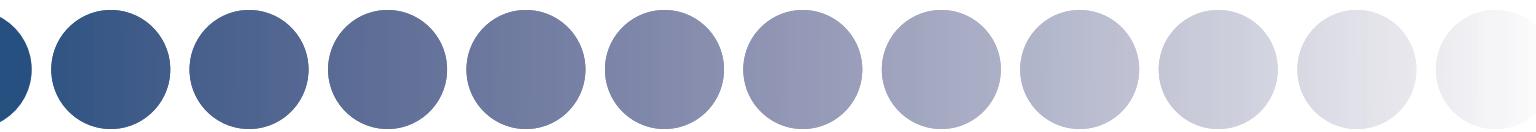
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be lost forever. The study was led by Adrien Eshraghi, M.D., at the University of Miami Hearing Research Laboratory.

### **Purple Communications Eliminates 10-Digit VRS Numbers**

Purple Communications, Inc., a provider of communications for people who are deaf or hard of hearing, has eliminated the need for Video Relay Service (VRS) consumers to use a different 10-digit phone number for each device from which they choose to make or receive VRS calls. With Purple Communications' one-number technology, Purple VRS users have the freedom and convenience of using only one 10-digit phone number with a variety of different devices of their choice. Because VRS customers

usually have several different devices they use to make calls – like laptops, computers, smartphones and other platforms – other providers require them to use a different 10-digit number for each device. To learn more about this service, visit <http://purple.us/dayinthelife/>.

### **Mill Neck Manor Hosts WWH Annual Meeting**

On April 26, Mill Neck Manor hosted representatives from over 33 countries participating in the World Wide Hearing Foundation (WWH) 2011 Annual General Meeting. The mission of WWH is to promote and enable better hearing worldwide through the provision of affordable hearing aids and services. About 30 countries from around the world will be represented, including

Brazil, China, Jordan and Canada. Mill Neck Foundation, Inc., is a nonprofit group dedicated to enhancing the quality of life for people who are deaf, or who have other special needs, through excellence in individually designed educational, vocational or spiritual programs and services. For more information, visit [www.millneck.org](http://www.millneck.org).

### **House Research Institute to Host Annual Coalition for Global Hearing Health Conference**

On Sept. 8-9, the House Research Institute will host the 2nd Annual Coalition for Global Hearing Health Conference. For more information about presentations and attending this event, visit <http://coalitionforglobalhearinghealth.org>. ☺



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# Parents Heard Around the World

A photograph of a woman with short brown hair and bangs, wearing a white t-shirt with a red 'GUESS' logo, smiling at the camera. Next to her is a young girl with dark hair in pigtails, wearing a white t-shirt with a Mickey Mouse graphic. They are both outdoors in a sunny, green environment.

## Parent Groups Bring Families Together for Support, Encouragement and Empowerment

By Susan Boswell, CAE

**G**od dag. Buenos días. Hœzit. Hello. This universal greeting is heard by parents around the world who are meeting with one another to share experiences of raising a child with hearing loss. They're connecting online through websites that provide information and support. And they're joining local organizations in an effort to effect change and greater recognition of the abilities of children who listen and talk and participate in the mainstream. The following are just some of the efforts underway around the world to bring parents together and provide support for their children.

### T-oigo.com *Building a Community of Families in Spain*

When my son was diagnosed with hearing loss at the age of 3, I was in shock despite my own bilateral hearing loss. We had been settled in Madrid, Spain, spoke Spanish and English at home, and consequently attributed our son's lack of language development to a bilingual environment, erroneously assuming that his speech development would be delayed. After his diagnosis, I discovered that there was a lot of information in English on the Internet but I couldn't find the help I needed in Spanish. I launched the website, [www.t-oigo.com](http://www.t-oigo.com)—"I hear

you"—to provide a resource for Spanish-speaking families.

With more than 10,000 visits per month, the website has become a virtual community of Spanish-speaking families, speech-language pathologists, educators and professionals. Each user contributes useful experiences, materials and resources, and provides a shoulder to lean on when a new member enters the community. The most popular section is "Real Stories," where members tell different aspects of how hearing loss affects them, offer tips, provide experiences with new products and technology, and relate the progress that they or their children are making.



Craig Huey Photography

event last year, Paul Jacobs, who works in Australia with Graeme Clark, the inventor of the cochlear implant, came to Spain to speak to parents while their children participated in activities organized by Fernanda Hinojosa, a certified Listening and Spoken Language Specialist. More than 200 people participated in the event and gathered to share their experiences and dance to the beat of "La Macarena." This past May, Betty Sackett from the John Tracy Clinic in Los Angeles, Calif., traveled to Spain to present on bilingual education for children with cochlear implants and hearing aids.

The website seeks to break down myths of bilingualism and children with hearing loss. Learning multiple languages is not only possible for children with hearing loss, it is essential to ensuring that our children have the same opportunities as their peers with typical hearing to become citizens of the world.

—Contributed by Dale Sindell, founder and director of [t-oigo.com](http://www.t-oigo.com) and a native New Yorker who has lived in Spain for 25 years with her Spanish husband and their three children. Visit [www.t-oigo.com](http://www.t-oigo.com) for additional information.

### **Partners for a Greater Voice Perspectives from Developing Countries**

Temperatures soar to over 90 degrees and sweat trickles down the face of a young mother, who sits alone. "They say I ate too many rotten eggs. It's my fault that my child has hearing loss," she says. Another

There are 1 million people who have hearing loss in Spain and more than 8,500 people who have received cochlear implants, 60 percent of whom are children. Yet, this number pales in comparison to the number of people who have received implants in the United States. Part of the website's mission is to provide translated articles of a practical or investigative nature as a resource for Spanish-speaking families. T-oigo.com has collaborated with *Volta Voices* to translate several articles into Spanish, making them available to people in Spain and Latin America.

T-oigo.com also organizes meetings and free events that are attended by families from all over Spain. For the summer

mother in the group says that the ghost of her uncle haunts her. "He has cursed my child with deafness." These and other misperceptions about the causes of hearing loss abound in many parts of the world.

I have heard many stories like this in impoverished areas of developing countries as part of Partners for a Greater Voice, a nonprofit organization that works in developing countries with parents, caregivers, teachers and professionals to help children with hearing loss develop spoken language and achieve educational success. Since 2003, I've talked with more than 500 parents in the Dominican Republic, India, Honduras and Armenia.

Mothers may suspect their young child is deaf, but there are few professionals in the vicinity that are qualified to evaluate a child's hearing. Parents are often lost, not knowing what to do. Even if parents are able to obtain a hearing evaluation for their child, they may have no money for hearing aids, transportation or follow-up care as many parents in the developing world struggle to meet basic needs, such as food and hygiene. Public schools may not enroll a child who is deaf, and the school for the deaf may be far away from home.

Some parents abandon their child in orphanages, unable to physically or emotionally care for themselves, let alone their child who is deaf. I've seen parents hide their child in the house for years, praying or hoping the hearing loss will be cured. In the Dominican Republic, a parent told me that she had never met another parent of a child who is deaf in her town. Yet on the same day we tested her 14-year-old daughter

### **Success Story**



In Honduras, 26-year-old Yessenia packages and sells spices to help pay for food and works to prevent foreclosure on her tiny house and care for her child who is deaf. Her isolation from the community is common, and she did not know where to turn for help when Partners for a Greater Voice reached out to her. Yessenia now receives counseling and support with each major step in caring for her child's hearing loss: evaluation, school placement, technology access and habilitation. Her daughter, Angie, is a budding artist at 9 years

old. She is receiving a good education, developing language and developing self-confidence. Angie is changing the perception of deafness for those around her.



Through conversation and encouragement, we provide parents with knowledge to lift their spirits and teach them that they have the strength to support their child, to build a better future through education, and to break down barriers and stigmas. The idea that parents need other parents spreads, and parent groups and community programs emerge.

—Contributed by Joanne Travers, MIM, founder and president of Partners for A Greater Voice. Visit [www.greatervoice.com](http://www.greatervoice.com) for additional information.

### Barnplantorna

#### Parents Form Cochlear Implant Support Group in Sweden

My daughter became the first child in Sweden to receive a cochlear implant in 1991 after losing her hearing to meningitis at 3 years of age. Four years later, we joined with four other parents of children with cochlear implants to form Barnplantorna, the Swedish organization for children with cochlear implants, to support and empower parents and professionals.

Parents and children of Instituto de Ayuda al Sordo a Santo Rosa in Santo Domingo.

ter who has profound hearing loss, we also provided audiologic assessments for 18 other children in the same town!

These parents need meaningful and truthful information about hearing loss. Partners for a Greater Voice began out of the desire to give these children a greater voice. An integral part of the organization

supports parents—particularly those with limited resources. The organization serves to foster parent's knowledge, empowerment and involvement in their child's education. Volunteers for Parents for a Greater Voice explain hearing loss and encouraging stories, instilling a sense of possibilities for young children with hearing loss.



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When our child received a cochlear implant, we were prepared to meet the opposition among the deaf community against the cochlear implant. However, we were unprepared for the resistance to change in (re)habilitation and school settings for children with cochlear implants and other hearing technology. We were told that no change was needed in the education of children who are deaf and that we must simply "accept the child as a deaf child."

Technological development has brought tremendous advances to hearing technology, but attitudinal change about children who are deaf has not kept pace with technological advances. Children with cochlear implants have the opportunity to listen and talk and participate in mainstream society. Parents must realize how important they are in making changes in the education of children who are deaf.

In Sweden, Barnplantorna has achieved change. We garnered global media attention when bilateral cochlear implants were approved for all children through the public health care system, a decision that was the result of collaboration among parents,

Barnplantorna and the cochlear implant clinic in Stockholm. The media attention in newspapers and the Swedish television was invaluable in supporting our effort.

Around the world, there is a need for more parent organizations to partner with professionals. To make this happen, parents must be active in their search for knowledge about hearing loss and must be up-to-date on advances in cochlear implants and other hearing technology. Professionals who work with children with hearing loss must encourage parents to become active partners in the education and (re)habilitation of their children. Together, we can ensure that children who are deaf can participate in the mainstream.

—Contributed by Ann-Charlotte Gyllenram, president and founder of Barnplantorna. Visit [www.barnplantorna.se](http://www.barnplantorna.se) to learn more.

### **South Africa** *Connecting Families, Children and Cultures*

The need for parent support groups is recognized by many professionals in South



Photo by Madeleine Gyllenram

The Barnplantorna's biennial summer camp for families of children with cochlear implants offers fun activities for children and educational programming for parents.

Africa who work with families of children who are deaf and hard of hearing. Therapists and teachers will often put

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parents in contact with each other, initially facilitating informal meetings between parents who are facing similar challenges with their children, particularly after diagnosis, during hearing aid fitting and at the beginning of (re)habilitation.

These meetings frequently lead to friendships and natural support between parents. The multicultural nature of South African society means that the informal support generated by these therapist-guided meetings can be arranged with the understanding of a perceived cultural milieu, which can uniquely influence family relationships, child-rearing practices and perception of disability.

Formal parent support groups are facilitated by the cochlear implant teams at seven cochlear implant centers in hospitals around the country—Cape Town, Pretoria, Johannesburg, Bloemfontein, Baragwaneth, Port Elizabeth and Durban—as well as satellite clinics in other locations. These parent support groups are arranged as needed by the cochlear implant teams and (re)habilitation teams at these centers.

The most successful parent support groups are found in early education centers, such as the Carel du Toit Centres in Cape Town and Pretoria and the Centre for Language and Hearing Impaired Children in Johannesburg. At these centers, parents of children meet to disseminate information of interest to other parents and to share the challenges and experiences related to their child's hearing loss. Some groups are ongoing, while others are short-term groups that meet for a designed time period. Groups

may be facilitated by a speech-language therapist, social worker or teacher of the deaf. The greatest challenge in arranging parent support groups is an increase in working mothers who cannot attend groups held during the day, and the reluctance of women to travel alone in the evening to attend meetings. The desire of many parents for a listening and spoken language outcome for their child is a common bond that brings together parents and professionals in South Africa to make this a reality.

—Contributed by Estelle Roberts, a speech-language therapist who works in private practice and in association with the Johannesburg Cochlear Implant Programme.

### Auditory Verbal UK Bringing Families Together to Listen and Talk

Auditory Verbal<sup>UK</sup> (AV<sup>UK</sup>) began in 2003 and is the only charity to offer auditory-verbal therapy to children from birth to 5 years of age. The charity hosts morning events where families and professionals are invited to find out more about the work of the charity. A brief introduction to auditory-verbal therapy is provided, and participants are guided through a live therapy session with a family, which is followed by a question and answer session. These events introduce families to auditory-verbal therapy and AV<sup>UK</sup>.

AV<sup>UK</sup> parents build friendships among themselves but the organization is in the process of setting up a more formal network for parents and alumni. There are also opportunities for families in the program to meet one another during par-

ent training courses for parents of children getting ready for school and lunches for families in the baby program.

Other organizations in the United Kingdom offer support groups, including the National Deaf Children's Society, which facilitates local parent groups as well as a web-based forum. In addition, The Ear Foundation hosts weekend programs for families of newly diagnosed children. There are also a wide range of groups established by parents, for parents, on the national level, such as the Cochlear Implanted Children's Support Group ([www.cicsgroup.org.uk](http://www.cicsgroup.org.uk)) and on the local level, such as "Little Crickets" in Hammersmith, London.

—Contributed by Rosie Richardson, Cert. MRCSTL, PGDip AVT, LSLS Cert. AVT, an auditory verbal therapist in Bignell Park Barns in Chesterton, Oxon, in the UK. Visit [www.avuk.org](http://www.avuk.org) for additional information.

### A.V. Israel Educating Parents about Hearing Loss

A.V. Israel was founded in 1995 by a group of parents and professionals committed to the auditory-verbal approach. Since its inception, the primary focus of the non-profit organization has been to help Israeli children who are deaf learn to listen, speak and study with their peers who have typical hearing, and to participate in mainstream schools and culture. A.V. Israel serves people of all ages and backgrounds. Members include families from Jewish and non-Jewish as well as secular, religious and ultra-Orthodox backgrounds. Many families have more than one child with hearing loss.

A few dedicated parents traveled to Canada and the United States in the early 1990s to learn about auditory-verbal therapy and to enable their children who are deaf to receive cochlear implants. As a result of their hard work, enthusiasm and perseverance, families are supported in their desire for a listening and spoken language outcome, and cochlear implant surgery is available and covered by national insurance coverage. A.V. Israel is now working to secure coverage for bilateral cochlear implants as well.

A.V. Israel has dedicated itself to educating parents about all aspects of hearing loss so that they can best meet their child's



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T-oigo.com

A pilot program organized by T-oigo.com to integrate children with hearing loss and their siblings in a multisensory "English for Fun" class was televised internationally.

needs. Almost all of the current information on hearing loss, in print and on the web, is written in English. We worked to produce Hebrew-language materials for Israeli parents. Two films, "Hearing Impaired Children Learn to Listen and

to Speak" on the principles of auditory-verbal therapy and "Hearing Impaired Children Go to School," present information about hearing loss to prepare parents to work with school-based professionals. Giving parents direct access to informa-

tion about their child's needs empowers them to advocate on their child's behalf. We host parents at our monthly lecture series, "School for Parents," covering practical topics of concern to families. We host visiting professionals from across the globe to bring the latest technology and interventions in hearing aids, listening and spoken language intervention and cochlear implantation to Israel. Importantly, every professional workshop sponsored by the organization is open to parents because we believe that parents are critical advocates for their child and deserve to be informed.

—Contributed by Efrat Schorr, Ph.D., a developmental psychologist and a member of the board of directors of A.V. Israel and editor of HearingFamilies.com, a website dedicated to supporting families of children with hearing loss. ¶

*Editor's Note: This is not a comprehensive list of international parent support groups. We invite you to visit [www.agbell.org/VoltaVoices](http://www.agbell.org/VoltaVoices) and share information about parent support groups that you may be involved in.*

## Every Child Deserves a Chance ...to Learn...to Grow... to Hear from the Start

**A**dvances in newborn hearing screening and early hearing detection and intervention are giving more children with hearing loss the opportunity to learn to listen, talk and thrive along with their peers who have typical hearing. That's why AG Bell offers programs designed to support children and youth with hearing loss who are pursuing spoken language education.



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# Preparing a Global Network of LSL Professionals

By Melody Felzien

Globally, listening and spoken language communication is becoming a viable option for more children with hearing loss. But even with an increase in available and affordable technology, these children and their families will need a qualified professional to help support their language choices.

Around the world, a wide range of professional development initiatives are underway to fill the need for qualified professionals on a global scale. The following is a collection of stories and insights into how the field of listening and spoken language is expanding worldwide. Thank you to AG Bell Global

Ambassadors Warren Estabrooks, M.Ed., Dip. Ed. Deaf, LSLS Cert. AVT; Lilian Flores-Beltran, Ph.D., LSLS Cert. AVT; and Judy Simser, O. Ont., B.Ed. Dip Ed. Deaf, LSLS Cert. AVT, for providing updates and putting us in touch with many of these individuals.

## South Africa

Developing listening and spoken language in South Africa has gone hand-in-hand with improved access to sound, specifically advances in hearing aid technology and cochlear implants. The bulk of professionals who work to provide children who are deaf or hard of hearing with access to listening and spoken language are speech-language

therapists. There are a small number of teachers for the deaf, who also provide parent guidance.

The basic qualification for persons wishing to practice as a speech-language therapist is a 4-year university degree (honors equivalent) with a dedicated curriculum focused on speech, language and/or hearing from the first year. In their undergraduate study, speech-language therapists are trained to provide individualized therapy and at all universities, clinical practicum is a compulsory aspect of training. Prior to obtaining their degree, qualified speech-language therapists have to complete one year of clinical, community-based therapy. This placement and subsequent manage-



Parents and children in China participate in a family day hosted by the Cochlear Training Education Center.

There is a dedicated and committed group of speech-language therapists/teachers for the deaf working with cochlear implant teams throughout the country. These professionals have been trained and closely mentored to guide and coach parents to facilitate their children's listening and spoken language development. State-of-the-art technology, ongoing improvement of clinical skills and the desire of many parents to raise their children who are deaf or hard of hearing to be listening and talking members of the community is motivating South African professionals to help make this an ever-increasing reality.

*—Contributed by Estelle Roberts, a speech-language therapist who works in private practice and in association with the Johannesburg Cochlear Implant Programme and who frequently runs professional training seminars.*

### China

In China, three diverse yet inextricably connected groups contribute to listening and spoken language development.

**Government-Led Programs:** Auditory verbal practices have received significant backing from the Chinese government. Programs led by the Chinese government have been very successful and this is partly attributed to the fact that a distinct government body (the China Rehabilitation and Research Centre for Deaf Children,

CRRCDC) advocates on behalf of persons with hearing loss. In the last 20 years, CRRCDC has provided training and (re)habilitation services to all 31 provinces in China. In the last 5 years, there has been a high level of collaboration between China and other states and nations to further develop listening and spoken language in China. Of particular note is the collaboration between CRRCDC and the Royal Institute of Deaf and Blind Children (RIDBC) in Australia as well as a five-year agreement to collaborate with the Children's Hearing Foundation in Taiwan to provide a three-month intensive training course for listening and spoken language practitioners.

### Non-Government Organizations (NGOs):

These groups play a supplementary, but important, role in the development of programs in southern China. The role of NGOs is largely concerned with training teachers in schools for the deaf. One such program is the Audiology and Rehabilitation Postgraduate Program (certificate), which is offered to teachers working in the schools. This program is funded by the Ying Hwa Fisherman Association in Hong Kong and its teaching staff consists of well-known audiology professionals and lecturers from the region's finest universities.

**Corporate Programs:** Corporations play an integral role, such as the Cochlear



A child and his mother engage in a therapy session at the Johannesburg Cochlear Implant Program.

Training Education Centre (CTEC) established in 2007 by Cochlear and its distributor, BodyCare Ltd. CTEC has a strong emphasis on developing listening skills through the use of a cochlear implant and collaboration with the child's family members. Featured services include regular mapping, hearing tests, auditory-verbal therapy and free informational workshops for parents to ensure that parents have a basic understanding of how the cochlear implant works, its maintenance and simple (re)habilitation tips. Other services include adult therapy, play group sessions and parents and professional training workshops. Speakers include audiology professionals, certified LSLS professionals and experienced educators.

—Contributed by Denise Lee, M.Ed., LSLS Cert. AVT, the author of “Rehabilitation Training Programs in China,” who currently works as (re)habilitation specialist for Cochlear, Ltd., based in Beijing.

## Norway

For individuals with hearing loss there are five national resource centers that provide services free of charge to local authorities and parents. The centers are state-owned resources and units in the Norwegian Support System for Special Education and primarily serve individuals with hearing loss who use different languages, who have varying communication needs and who have different technology needs, such as hearing aids and cochlear implants. The main purpose of the Norwegian Support System for Special Education is to provide guidance and support to the education authorities in municipalities and county authorities so that children, teens and adults with complex learning needs are provided with high-level facilities for education and development.

Since 2006, national training programs for auditory-verbal practice have been offered biennially. Today there are 17 auditory-verbal therapists in Norway. To continue meeting the needs of children developing listening and spoken language, another training program is planned for August 2011. This training program is designed to spread knowledge of auditory-verbal practice and will offer a course for those working at the audiology department at hospitals and those persons working in the local authorities. The course lasts for

a year and includes both individual and group work.

The number of professionals who promote the development of listening and spoken language of children with hearing loss is increasing in Norway. This is an important opportunity for children who are deaf or hard of hearing, especially because a recent parliamentary document, published in April 2011, focuses on listening and spoken language development in children with hearing loss. Now the local authorities must adjust the conditions in local kindergarten and schools for children with cochlear implants and hearing aids. These children should have the opportunity to acquire spoken language with the goal of entering mainstream classrooms with language abilities on par with their peers who have typical hearing.

—Contributed by Borghild Landsvik, a speech-language therapist/counsellor, and a member of the cochlear implant team, Oslo University Hospital, and Anne Heian, senior counsellor at Moller-Trondelag Resource Centre.

## Sweden

In Sweden, once a hearing loss is diagnosed and the child is enrolled in “audiologic habilitation,” hearing technology and all accompanying services are provided free of charge until the child is 18. Most (re)habilitation centers in Sweden have doctors, audiologists, speech-language therapists, social care workers, teachers of the deaf, psychologists, sign language teachers, engineers and administrative staff.

Since 2005, following mentorship from Warren Estabrooks, an ongoing one-year training program has been offered for professionals working with children who are deaf and hard of hearing and their families at Karolinska University Hospital. Our goal has been to share knowledge and introduce a “new” way of thinking when it comes to looking at the needs of these children. Furthermore, another important goal is to raise the bar for listening and spoken language outcomes for children with hearing loss. A shift in educational settings has occurred and children that previously entered special education settings in preschools and grade schools are now entering an integrated preschool to develop spoken language skills that are on par with their peers who have typical hearing.

Professional education in auditory-verbal practice has made it possible for professionals located in different parts of Sweden to provide support for spoken language development locally. Because many workplaces in Sweden consist of teams with a variety of professions, a course in auditory-verbal practice geared to audiologists was introduced. To increase awareness of the whole process, from detection and diagnosis to the hearing aid fitting, this course is now spreading information at the local centers offering audiological (re)habilitation.

Other professional development opportunities include courses at the university level, conferences and symposiums. While medicine and technology have been developing over the past decade, there has been a lack of knowledge in how and what to provide the young infants who receive hearing aids by 4 months of age. It is important that these services reflect best practices, not just a reliance on old experiences or personal beliefs. In terms of learning spoken Swedish through listening, we would like say that the sky is the limit for children with hearing loss if professionals and parents work together.

—Contributed by Anna Persson, LSLS Cert. AVEd., Pia Keskinen-Rasmussen, LSLS Cert. AVEd., and Ulrika Lofkvist, LSLS Cert. AVEd.

## Italy

In Italy, children with hearing loss have access to diagnostic and (re)habilitation services and hearing technology, such as hearing aids and cochlear implants, all paid for by the public National Health Service. Specialized clinics strongly recommend the educational and rehabilitative approach of listening and spoken language communication to parents, and children are fitted with hearing aids or cochlear implants and enter into auditory-verbal therapy until they are ready to enter mainstream schools.

For many years, the Health Authority (Ministero della Salute) has required health professionals to undergo yearly mandatory professional training and these professionals must obtain a minimum number of training credits every year. There are also university master's degree programs specifically for speech-language therapists to help individuals who are deaf and hard of hearing. In addition, national events organized



Estelle Roberts

Warren Estabrooks takes a break from training professionals in South Africa to pose for an "AVT Mock-Up" photo.

by the Scientific Society of Italian Speech Therapists (SSLI), Phoniatry and Speech Therapist Italian Society (SIFEL) and Audiology and Phoniatry Italian Society (SIAF) feature topics such as audiology, (re)habilitation of children with hearing loss, diagnostic procedures and newborn screenings. There are also various national meetings and congresses organized by various experts in listening and spoken language development.

*—Contributed by Sara Cavicchiolo, a speech therapist in the Audiology Department of Fondazione IRCCS Ca' Granda Ospedale Maggiore Policlinico, Milan (Italy), and Anna Barbot, a speech therapist in the ORL Azienda Ospedaliera Universitaria di Parma.*

## Turkey

After national newborn hearing screening programs were enacted in 2000, the number of children diagnosed with hearing loss increased. In 2006, the new Turkish Disability Act was enacted into law and all children with disabilities were given the opportunity for free therapy and health insurance. The Turkish government pays for cochlear implants and hearing aids, and children attend special education and (re)habilitation centers from the age of 6 months until they develop their speech and language abilities. The centers include psychologists, teachers of deaf, and child development and education specialists as

well as audiologists and speech-language pathologists.

However, the number of professionals is not sufficient to address the needs of these children with hearing loss, and action is being taken to increase the number of professionals qualified to develop listening and spoken language. At the Fonem Special Education Center, a (re)habilitation center for children with hearing loss, there are 10 staff who specialize in auditory-verbal therapy. In addition to helping children, they also train teachers in auditory-verbal practice techniques. Finally, the importance of auditory-verbal practice is beginning to be understood by most educators, so the future will be better for children with hearing loss in Turkey.

*—Contributed by Berrin Erturk, owner and manager of the Fonem Special Education Center in Turkey.*

## Vietnam

Vietnamese ingenuity and strong cultural values emphasizing education and family have created a landscape of opportunity for children and families seeking a listening and spoken language outcome. Vietnam's schools, universities and hospitals are collaborating with international organizations to address and close gaps in hearing health care and support services. The Global Foundation For Children With Hearing Loss and Thuan An Center for Hearing

Impaired Children are two entities helping to drive this positive change.

I started the Global Foundation for Children with Hearing Loss to help children who are deaf or hard of hearing in developing countries access the technology and education they need to achieve their full potential. Our partner in Vietnam is the Thuan An Center for Hearing Impaired Children, the largest center for the education of children with hearing loss in South Vietnam. When I asked the center's director, Thuy Nguyen, what would help to improve the landscape of deaf education in Vietnam, she felt teachers of the deaf needed a wide-reaching training program to help them expand their knowledge. That is what we set out to establish.

Our Vietnam Deaf Education Program is a collaboration between the Global Foundation, Thuan An Center and Ho Chi Minh City University. The program's purpose is to empower teachers, families and medical teams with the expertise to help young children with hearing loss develop listening and spoken language. Our Vietnam Deaf Education Program features teacher training, mobile missions and hearing aid distribution. We are establishing relationships with Vietnam's hospitals to expand our efforts to include medical teams. Participants in our program are sharing what they have learned with others, making the benefits exponential – and sustainable. The Global Foundation evaluates each element of the Deaf Education Program to respond to areas of opportunity and ensure the Vietnamese objectives are being met. We are partnering with university speech and hearing professors on assessment protocols that will measure the short- and long-term effectiveness of our efforts.

We launched the program in July 2010 with our first one-month teacher training workshop. The curriculum covered early intervention, auditory-verbal education, speech-language pathology and audiology. A team of 12 professionals representing universities, hospitals and private practices across the United States traveled to Vietnam to teach the material. The program also featured an evening parent program where individual consultations were offered to families. The workshop was a success on many levels. The teachers'



Paige Stringer, Global Foundation

Global Foundation Executive Director Paige Stringer with a Vietnamese family that just received a new hearing aid.

engagement in our program never waned over the course of the month. Pre- and post-workshop tests demonstrated an improvement in knowledge of the topics we covered and qualitative surveys indicated high levels of satisfaction by the participants.

One of the key reasons for the success of our work has been the careful attention to the needs of the Vietnamese. This initiative

is a true collaboration, which is essential for the program's sustainability. As an example, the teachers requested that we supplement the summer training with onsite school visits during the school year. They wanted assistance in implementing the auditory-verbal teaching techniques they learned into their own classrooms. They also requested audiology training for their staff

that provide audiological services at the schools. In response to this request, we created a Mobile Mission series. Led by a team of audiology and deaf education professionals, the Mobile Mission traveled to four of the schools in our program in January 2011. They mentored teachers in the classrooms to ensure their continued professional development, provided audiological training and fit hearing aids on children.

Our second teacher training workshop is underway this summer. More than 100 Vietnamese participants are attending, including those who passed last year's final test and have returned to build on their knowledge. Our next Mobile Mission is tentatively set for February 2012. We plan to extend our model to other developing countries that have requested our support.

With quality hearing instruments, dissemination of expert knowledge, collaboration and financial contributions from generous supporters, we can work together to set children with hearing loss on a path to achieve their full potential in their hearing communities – no matter where in the world they live.

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*—Contributed by Paige Stringer, founder and executive director of the Global Foundation For Children With Hearing Loss; [www.childrenwithhearingloss.org](http://www.childrenwithhearingloss.org). Please visit <http://childrenwithhearingloss.blogspot.com/> to follow our work in Vietnam this summer.*

## Singapore

In Singapore, the Listen & Talk Programme Centre for Hearing and Ear Implants was established with the help of Judy Simser. The center supports listening and spoken language development through access to audition with hearing aids, cochlear implants and bone conduction aids. At the center, certified LSLS professionals provide training for local participants as well as those from around the region, such as in Malaysia, Indonesia, Brunei, Thailand and China. We have hosted workshops for the participants as well as onsite training at their respective centers. The team also hosted the 7th Asia Pacific Symposium for Cochlear Implants (APSCI) in 2009, which drew more than 1,000 professionals from around the world for discussions and updates on the latest developments in the field.

The center just celebrated its 10th anniversary in April 2011. As we look back on how far we have come, we also look forward to the future where our children who have hearing loss will have every opportunity to learn to listen and talk. To commemorate the event, we published a handbook, "The Hearing-Impaired Person: Tips for Caregivers and School Teachers." It is our hope that the families and those who work with children who are deaf and hard of hearing will have a better understanding of their needs, and provide the support that enables them to lead independent, fulfilling lives in mainstream society.

*—Contributed by Many Phua, LSLS Cert. AVT, an auditory-verbal therapist at the Listen & Talk Programme since 2001.*

## India

In Mumbai, the Aural Education for Children with Hearing Impairment (AURED) was established 25 years ago to provide a model early intervention program for listening and spoken language, which could be replicated in cities and villages throughout India. AURED has, at present,

a satellite center in Hyderabad and affiliate centers in Delhi and Nairobi.

AURED holds an annual Staff Skills Development Workshop. Professionals from various countries are invited to provide updates on (re)habilitation techniques and new technologies. Cochlear implant companies invite overseas professionals to conduct workshops throughout the year in new mapping, (re)habilitation and surgical techniques. In addition, CIGI-Cochlear Implant Group of India conducts an annual four-day international convention in different cities to update audiologists, (re)habilitationists and surgeons on the latest technology. Professionals in all three fields attend international conferences in different countries for current developments in the field.

All cochlear implant companies have clinical and (re)habilitation managers who conduct workshops throughout the year. And a local ear-nose-and-throat surgeon, Dr. M.V. Kirtane, who has completed more than 1,000 cochlear implant surgeries, holds an annual two-day workshop for professionals from all over India as well as from

**CONTINUED ON PAGE 29**



*Sunshine Cottage School for Deaf Children is proud to announce the completion of our new 57,000 square foot campus. On a beautiful hilltop, our one-story multi-textured building, has accents of cypress, skylights and expanses of glass to usher in light. Twenty classrooms along three wings are specially insulated from extraneous outside noises and complimented with dramatic views.*

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(January 1, 2010 – December 31, 2010)

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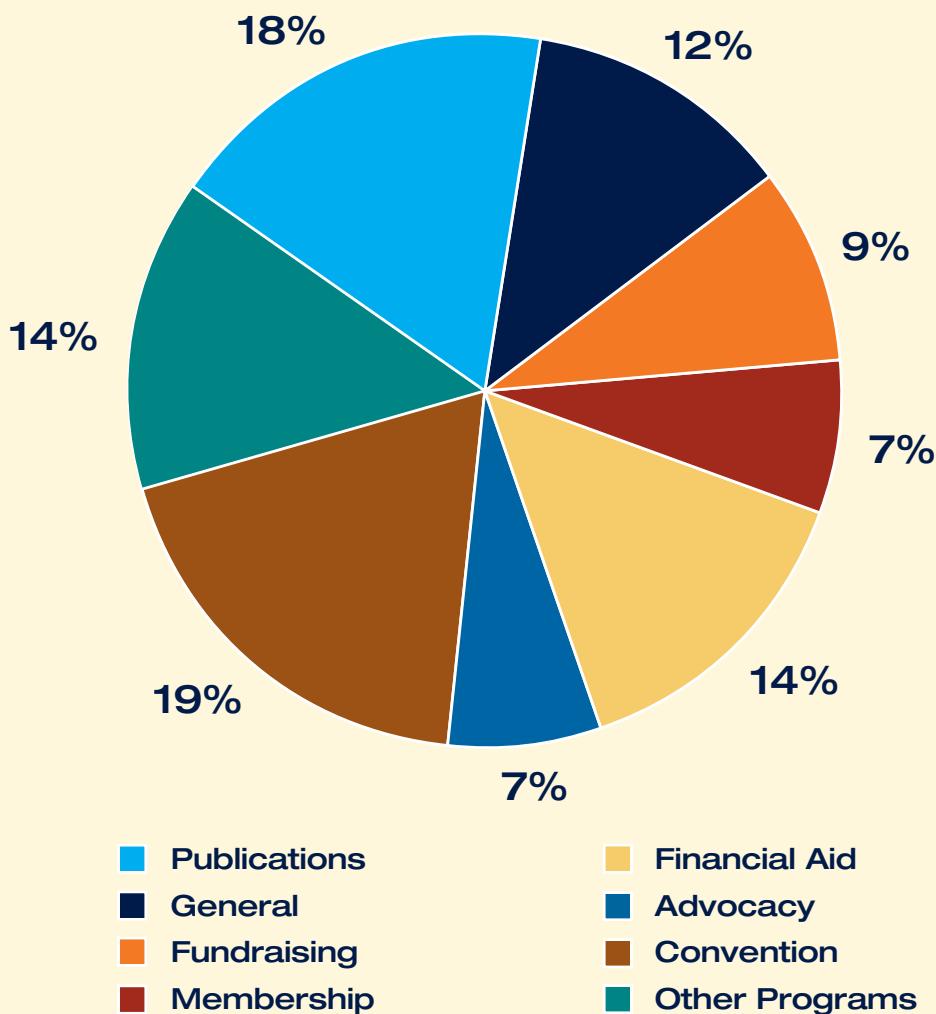
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**Our Mission:**  
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*The following chart illustrates how the Association allocates its financial resources to support its mission and the goals of its strategic plan.*

## Allocation of Resources



**CONTINUED FROM PAGE 25**

neighboring countries. He demonstrates surgical techniques and mentors surgeons in different cities.

—Contributed by Aziza Tyabji, founder of AURED and coauthor of “Need to Know,” a series of instructional videos for professional on spoken language development; “Need to Know” is available through the AG Bell Bookstore.

## Australia

Currently there are 12 universities throughout Australia that train speech-language pathologists and five universities that train audiologists. Both professions are in demand, especially audiologists. Among the various academic programs for teachers of the deaf, Melbourne University focuses on listening and spoken language education ([www.unimelb.edu.au](http://www.unimelb.edu.au)). However, many teacher courses now include information about hearing loss as part of a general disability focus. Many Australian university programs are expanding their philosophies to include a focus on preparing professionals to teach listening and spoken language to children with hearing loss.

In-service opportunities for training is limited to the current clinics/institutions, most of which are hindered by a lack of funding and resources for children. There are 42 certified LSLS professionals, with 10 in New Zealand and 11 throughout Asia. And there are a limited number of trained professionals available to educate and mentor professionals to serve the many children with hearing loss throughout Australia and the Pacific Rim. Many auditory-verbal centers have started in-house professional development training programs. There are currently nine centers across Australia providing auditory-verbal intervention.

In Australia, the Hear and Say Centre was developed as a charitable auditory-verbal therapy center. Through Hear and Say WorldWide, a global professional training program, four different professional development/education courses are available face-to-face as well as synchronous or asynchronous distance e-learning. Descriptions of these preliminary, intermediate, advanced and extended courses in auditory-verbal therapy and auditory-verbal education are available at [www.hearandsaycentre.com.au](http://www.hearandsaycentre.com.au). Professional accreditation is provided from

the University of Southern Queensland as part of an education qualification (post-graduate diploma or master's degree in education). Individual clinical mentoring is also available to a limited number of trainees. Teaching faculty are the senior members of the Hear and Say clinical team of ENT surgeons, audiologists, LSLS certified professionals, speech-language pathologists, teachers of the deaf, social workers and other specialists.

The listening and spoken language opportunities for children with hearing loss in Australia are expanding, but are still somewhat limited. Challenges include insufficient funding, as much of this work is carried out by not-for-profit agencies; slow uptake of listening and spoken language education approaches by some professionals; and a lack of knowledge of neuroscience foundations of listening and spoken language among professionals and the community. Nonetheless, Australia does provide hearing devices for all children under 18 years of age at no cost, has a very high percentage of newborns who receive newborn hearing screening, has an increasing uptake in auditory-verbal therapy and education, is very involved in hearing research and development, and has strong interest in continuing to lead in this field.

—Contributed by Dimity Dornan, AM, Ph.D., BSpThy, FSPAA, CpSp, LSLS Cert. AVT, founder and managing director of the Hear and Say Centre, Brisbane, Australia.

## Central and South America

In a short article like this, it is very difficult to mention how each of the Latin American countries addresses professional development issues. However, most programs are located at institutions of higher education where it is possible to obtain university degrees in this field. Almost all the university curricula are centered not only in hearing and speech-language or voice disorders, but also in learning disabilities. So, the professional profile allows graduates to work in each one of these fields with children and adults. Unfortunately, only a few specialists are specifically interested in working with individuals who are deaf and hard of hearing. As a consequence, there is a shortage in many cities, provinces or states all over Latin

America of well-trained professionals in the field of (re)habilitation of hearing loss.

I have had the privilege to participate in many training courses for professionals and parents in 15 different countries with the institutional support of the John Tracy Clinic, Los Angeles, Calif. In 2009 we began a special postgraduate course on auditory-verbal therapy in Panama. The acquisition of new skills and the application of the techniques and strategies learned in a direct manner with the families of children with hearing loss have greatly enhanced these professionals' skills. The same course is being planned in the State of Tabasco, Mexico. We are following the practice of these participants through videos and direct observations. In spite of the limited resources of the attendants, the improvement in their skills is constant and their work capacity with the families has systematically improved.

In April 2009 I collaborated with Cochlear Americas to offer the HOPE series of online courses in Spanish. Each of the courses had more than 1,000 participants. Moreover, some centers and clinics facilitate one or more computers to be connected. The number of participants is the best indication of the enormous need and desire to receive information in Spanish.

One of my personal goals has been to motivate the professionals in Latin America and Spain to consider the auditory-verbal approach in spite of the workplace environment. I have also encouraged them to complete the professional development and clinical practice to be considered as candidates to the LSLS certification exam offered by the AG Bell Academy for Listening and Spoken Language.

—Contributed by Lilian Flores-Beltran, Ph.D., LSLS Cert. AVT, an AG Bell global ambassador and former member of the board of directors. ♦

*Editor's Note: An expanded version of this article, offering additional information about these countries' professional development initiatives, is available at [www.agbell.org/VoltaVoices](http://www.agbell.org/VoltaVoices). This is not a comprehensive list of professional development initiatives around the world. We invite you to visit [www.agbell.org/VoltaVoices](http://www.agbell.org/VoltaVoices) and share information about professional development programs in which you may be involved.*

# Have Hearing Loss, Will Travel



By Rachel Dubin

Travel, whether domestic or international, can be very rewarding. However, for individuals who are deaf or hard of hearing, traveling, particularly internationally, can be challenging. Perhaps you, your child or your family are thinking about a trip to London, Paris or Tokyo. Maybe you've longed to take a European or Caribbean cruise, but you weren't sure if it is possible if you or your travel companion has a hearing loss.

Recently, I traveled to the United Kingdom and toured London on my own for a week. Over the last 20 years, I have traveled all over the world and have gleaned some insights on gaining accessibility for nearly everything, from cruising and flying to hotels, public transport and museums. Here are some of the strategies I engage in while traveling.

## Cruising

Taking a cruise can be accessible, especially if the ship arrives at or leaves from a U.S. port. Because of the 2005 Supreme Court ruling in *Spector, et al., v. Norwegian Cruise Line*, cruise ships whose itineraries involve U.S. ports must comply with the Americans with Disabilities Act. Where cruisers who are deaf or hard of hearing are concerned, this means cruise ships must provide effective communication access. As much

as possible in advance of your departure learn who the special-needs coordinator for your cruise line is and contact her or him with your request(s). However, if no U.S. ports are on the ship's itinerary, the cruise line is not required to provide access accommodations or an interpreter. Despite this, there are a few things you can request. You can ask for an emergency alert kit for your cabin; in addition, the onboard personnel, usually the cruise director and shore excursion officer, can ensure preferential seating at theater shows and on tour buses. Onboard, there are often assistive listening devices (ALDs) and/or FM loop systems in the theaters. All you have to do is ask.



London Bridge from East End, London, England.

the tour guide spoke English, she had trouble understanding the concept of the oral interpreter when the arrangements were discussed with her in English (at the time, although it was not a requirement, the cruise line provided me with one). However, when I was called over to explain in Russian (which I speak fluently), she understood my accommodation request immediately.

## Traveling internationally can be challenging, but also a lot of fun – and more accessible than you think.

In general, I have found that tour guides are helpful, especially in Sweden, Russia, Greece and Egypt. Those I encountered during shore excursions in Patmos and Cairo were especially attentive, making sure they spoke clearly and slowly and ensuring that I was at the front of the group. Additionally, in my experience, Celebrity and Princess cruise lines have been the best at accommodating passengers who are deaf or hard of hearing.

### Flying

You *can* go through the metal detector or the x-ray machine in airports with your cochlear implant on, but if in doubt, show your cochlear implant identification card and ask for a pat-down instead. Most airport security personnel in other countries are aware of cochlear implants. At the gate, request to be pre-boarded and pay attention to infor-

mation screens. If you cannot hear a loudspeaker announcement clearly, you can ask the gate agent or a fellow passenger for clarification. Upon boarding, inform the flight attendants you have a hearing loss and ask for an individual safety briefing. Some airlines, notably British Airways, have at least one subtitled movie in their in-flight entertainment menu. However, this may not be available on every flight.



Church of St John, Ephesus, Turkey.



the front desk staff know upon check-in that you have a hearing loss and that they should check your room if there's an emergency.

### Public Transport

Accessibility of public transportation varies from country to country. In London, Tube stations have screens displaying train arrival information; in addition, the voice over the loudspeaker is very clear and intelligible. Additionally, trains have electronic tickers with next-stop and other information that mirror what the easy-to-understand automated voice says. City buses in London have similar electronic tickers and clear automated voices. London's famous black cabs are equipped with telecoil loops. At the time of printing, in Italy, next-stop displays are only on Linea A (Orange Line) trains and the announcer is slightly muffled. If the country you're traveling through does not have display screens or clear announcers, consult maps, ask station personnel and pay attention to direc-

Rachel and her father, Ben, pose in front of the Giza Pyramids in Cairo, Egypt.

### Hotels

Hotels in other countries may or may not have the "ADA kit" of a door knock light, fire alarm strobe, vibrating alarm clock

and/or TTY that you may be used to in the United States. Bed and breakfasts and boutique hotels generally do not have them. In that case, it's a good idea to let

# SAVEtheDATE

## AG Bell 2012 Biennial Convention

The largest gathering of families, professionals and adults with hearing loss dedicated to a listening and spoken language outcome.

### Convention Highlights:

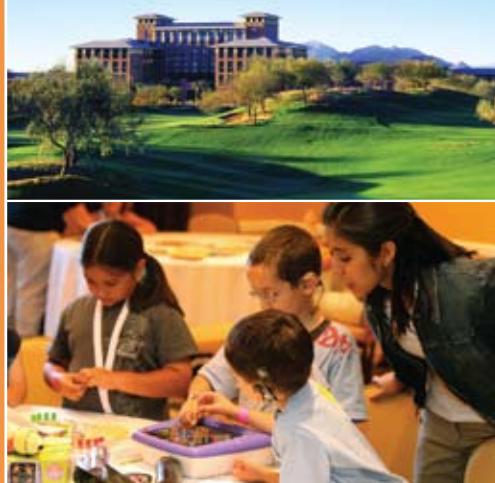
- 80+ education sessions for professionals, families, and adults with hearing loss
- Parent programs and networking
- Children's program
- NIH-funded research symposium
- Exhibit hall with the latest technology and education information
- CEU opportunities
- Exciting desert southwest environment with economical hotel rates—perfect for a family vacation

### Who Should Attend:

- Families raising children with hearing loss
- Adults who are deaf and hard of hearing
- Listening and Spoken Language Specialists
- Teachers of the deaf
- Speech-language pathologists
- Audiologists
- Students in speech-language pathology, audiology and deaf education

June 28–July 2  
Westin Kierland Resort  
Scottsdale, Arizona

[www.agbell.org](http://www.agbell.org)



*"The AG Bell Convention literally changed our lives. When we learned our son was born deaf, we ventured to the convention to learn about listening and speaking. When we returned for our second convention, we couldn't have been more proud of how far he's come. Thank you AG Bell!"*

Alexander Graham Bell  
ALEXANDER GRAHAM BELL  
ASSOCIATION FOR THE DEAF AND HARD OF HEARING

tional signage and the number (and name) of intermediate stops. You can always ask the locals in the vicinity for assistance.

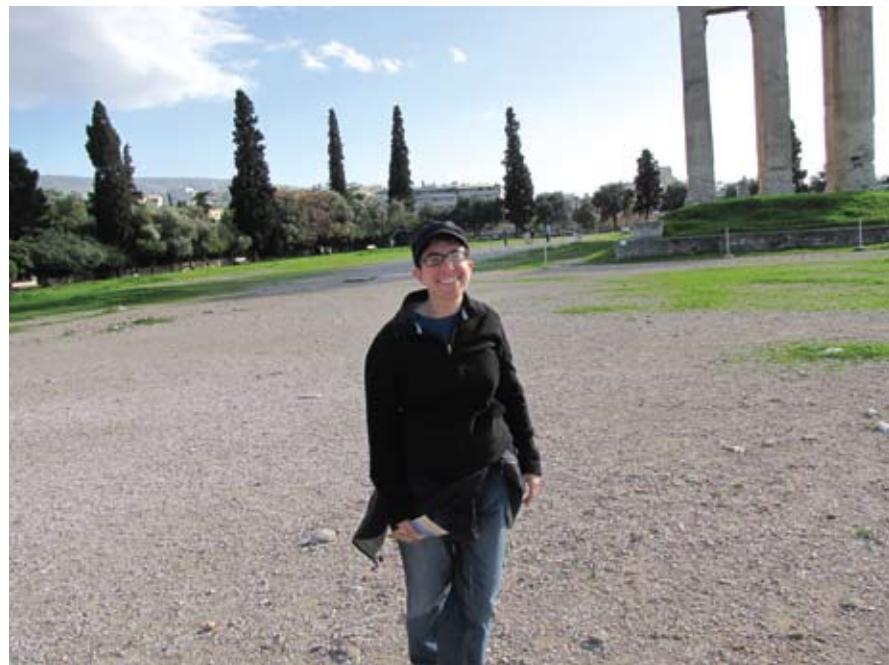
## Museums

Museum accessibility also varies from country to country. Some museums provide transcripts of audio guides and tour guide speeches, while others have reduced entry fees for people with disabilities for foreign tourists, as at the Cabinet War Rooms in London. Some museums may even have English-subtitled films. It never hurts to ask at the reception desk.

I have visited 27 countries on three continents and cruised the Caribbean, the Baltics and the Mediterranean. Everywhere I have traveled, people have been very accommodating. I have found London to be very accessible and the British accent easy to understand. My favorite memory is of exploring Soho and finding a bookstore after asking the locals for directions. In Russia, my language efforts were the most appreciated; I was even mistaken for a native speaker!

Don't be afraid to use the local language or a regional *lingua franca* if you know it. Don't be afraid to step into a store and ask for directions.

A smile goes a long way. Traveling internationally can be challenging, but also a lot of fun – and more accessible than you think. ☺



Temple of Zeus, Athens, Greece.

Rachel Dubin

# MOOG Curriculum Schools

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

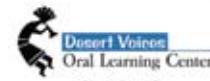
- \* **Innovative scheduling** allows children to learn in small groups of 2-3
- \* **Small groups** give children lots of turns to participate and allow for highly individualized instruction
- \* **Curriculum** focuses on spoken language development
- \* **Families** are an integral part of their child's learning
- \* **Collaborative efforts** lead to improved teaching that capitalizes on early intervention and the newest technology
- \* **Our goal** is for children to mainstream by first grade with skills commensurate with their hearing peers
- \* **Outcomes** demonstrate high achievement



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# Honor and Duty

By Melody Felzien

*Volta Voices* often receives inspirational stories from individuals who persevere in spite of their hearing loss and who rise to challenges most people may deem insurmountable. This story is about Shlomi Vaknin, an Israeli soldier who, due to his hearing loss, was given an automatic exemption from army service (something that is usually compulsory in Israel). This soldier decided that despite being offered an exemption he wanted to serve in the Israeli Defense Forces (IDF). Throughout his three and a half years of service, Vaknin has risen through the ranks and is now an officer.

Vaknin was diagnosed with a congenital, mild-to-moderate hearing loss when he was a baby and has used bilateral hearing aids since age 6. *Volta Voices* had an opportunity to interview Vaknin and discuss his experience and reasons for choosing to serve in the IDF.

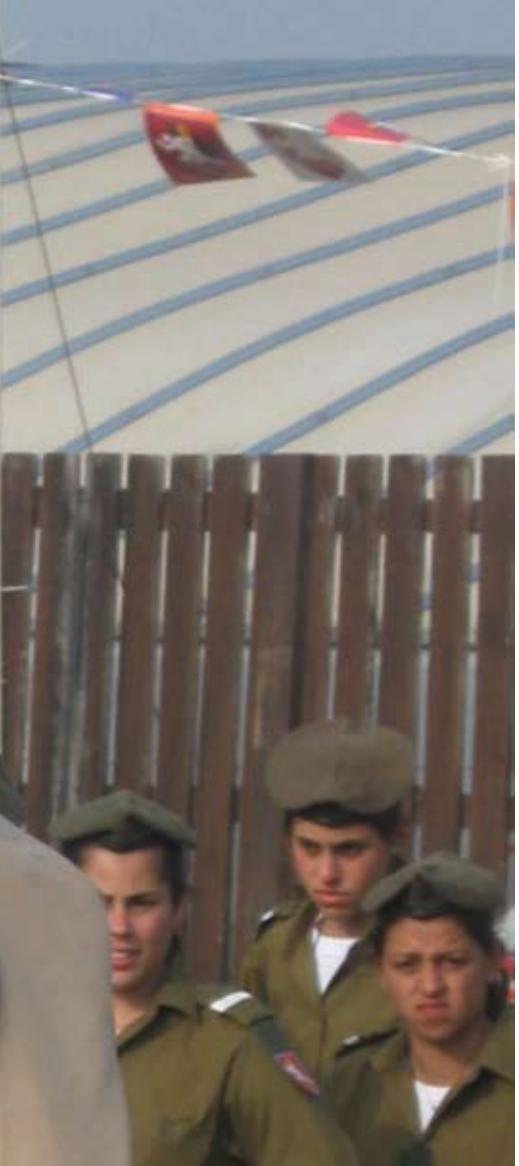
**Volta Voices:** Please tell our readers a little bit about your experience with hearing loss.

**Vaknin:** I have been hard of hearing my entire life. I don't hear a lot of sounds, like the telephone ringing, news anchors or other television personalities, and I have trouble holding a conversation when there is a lot of background noise. I also have some speech

problems. During my childhood, it wasn't so simple to deal with the issue; I had speech issues, I couldn't hear everything the teacher or my friends said, and I was laughed at because of my hearing aids. It wasn't easy for me to use the hearing aids and to be different from everyone else, so I often hid them or didn't put them on. I had to sit close to the teacher in order to be able to hear her, but I still couldn't hear the students who sat far away from me.

**VV:** How has your hearing loss shaped the person you are today?

**Vaknin:** My hearing loss makes me a bit uncertain of myself. I miss a lot of what



Shlomi Vaknin serves as a fitness officer in the IDF. Vaknin was born with a hearing loss and has voluntarily served in the IDF despite being offered an exemption due to his hearing loss.

**VV: Although offered an exemption, you chose to voluntarily serve in the IDF. What led to your decision?**

**Vaknin:** I didn't think twice about whether to serve in the IDF. The moment I got the official letter of exemption from the army, I knew I was going to volunteer. First of all, the State does so much for all of us, and it's the duty of each and every citizen to give back in return. Secondly, the security situation here is such that the army needs everyone who can contribute and serve, so if I'm able to serve, why not? What makes me different from anyone else besides the fact that I don't hear well? Both I and someone who hears typically can contribute in a wide variety of fields.

In addition, the army is a defining factor in Israeli society; every young person has the experience of army service (men for three years and women for two). During the period of your army service you mature, you're strengthened, you learn a lot about yourself, you meet new friends, etc. I had no intention of passing up an opportunity that has contributed so much to my personality and gave me so much in so many aspects of my life.

**VV: How long have you served in the IDF, and what do you enjoy most about your experience as a soldier?**

**Vaknin:** I have served in the IDF for three and a half years. What I like most about

my service is the field in which I work; I'm a combat fitness officer, and I'm responsible for my unit's physical fitness. It's my favorite field in the army, since I really like sports and fitness and I'm happy to have the opportunity to serve in this field and to give my knowledge over to other soldiers.

**VV: What kinds of activities do you participate in during your spare time?**

**Vaknin:** During my free time, I like to play basketball (I play on Israel's deaf basketball team) as well as to read and go for long runs. Recently, I also began cooking.

**VV: What advice do you have for other individuals who are deaf or hard of hearing who are considering a possible career in the military?**

**Vaknin:** My advice to other people who are deaf or hard of hearing is that it doesn't matter what your goal is (whether to serve in the military or to work in another profession). You can't let your disability bother you. On the contrary, make your disability your greatest asset. Internalize the fact that you have limitations, but they aren't there to hold you back; they should push you forward even harder. The knowledge that you have this disability should make you want even more, to give more, to put more of yourself into your work and to prove that you're no different from anyone else. ☺

IDF North American Media Desk



IDF North American Media Desk

Shlomi Vaknin plays basketball for the Israeli deaf basketball team.



# The TAG Team – Helping Teens Help Themselves

**M**eet my new friends—Leah Illan and Rachel Shaffer from Los Angles, Calif., who are working with children and teens with hearing loss to build their self-esteem and ability to advocate for themselves. As co-founders of Training and Advocacy Group (TAG), Leah and Rachel bring their experiences in the field of hearing loss to benefit children and teens who are deaf and hard of hearing. Recently AG Bell President Kathleen Treni and I had the chance to participate in a full-day program sponsored by TAG and the John Tracy Clinic. With well over 150 families in attendance, the program offered parents and teens with a variety of supportive sessions.

**Alex Graham: How did you get involved in working with teenagers who are deaf and hard of hearing?**

**Leah Illan and Rachel Shaffer:** We have each been in the field of hearing loss for over 30 years and during that time we have worked with many individuals who are deaf and hard of hearing. A young girl once told us about her experience at a sleep over. With the lights turned off, the other girls began telling scary stories. Of course, this excluded the young girl with a hearing loss, and instead of saying something she decided to go home. It was her first and last time to attend a sleep over. This story may seem insignificant to many, but there are hundreds of stories with the same themes. We discovered that young people with a hearing loss often feel isolated, left out, frustrated and embarrassed, they do not want to speak up, and they avoid situations that may lead to different opportunities. Adults with hearing loss have mentioned that they turn down many invitations

because of poor lighting, background noise and too many people to lip read. Equally significant is the fact that they are tired of having to explain [their hearing loss], as most people with typical hearing do not understand hearing loss. Many adults say they did not know others with a hearing loss until they were older. They describe getting together with deaf friends as a relief. When they meet another person with hearing loss, they feel they finally have found “someone who gets it.”

**A.G.: Tell me about Training Advocacy Group—TAG. What is the mission, how did it get started?**

**L.I. & R.S.:** TAG was created in 2006 to address some of the difficulties that we have heard from so many adults with hearing loss by starting to address challenges at a younger age. The mission is to promote the growth and development of children and teens who are deaf and hard of hearing to achieve their full potential through skill building in the areas of communication and social interaction.

challenges they may have. We met once a month at a local community center. Topics included learning about their hearing loss, when and how to explain their hearing loss to others, the laws that protect them, fitting in and making friends, and asking for accommodations. This group stayed with TAG for three years, with the last year being dedicated to college preparation.

TAG began meeting with 5th graders in deaf and hard of hearing programs to prepare them to transition to middle school. This turned into a 16-week program and now includes social emotional learning as preparation to middle school and being placed in a mainstream setting. Children who are deaf and hard of hearing who use listening and spoken language currently benefit from excellent technology with digital hearing aids and cochlear implants. Because of this technology and with early intervention, many of these children are very successful in the mainstream. However, we have found that the area not being addressed is social emotional learning. Understanding social and emotional behavior helps students to do better in school and prevents high-risk behaviors.

**However, we have found that the area not being addressed is social emotional learning. Understanding social and emotional behavior helps students to do better in school and prevents high-risk behaviors.**

We began with eight high school students after their former principal mentioned a few of the students were having difficulty fitting into their schools. Most were the only student with hearing loss in their high school. Our goal was to bring together these teens to share their experiences and learn strategies to deal with the

Some of the topics that TAG covers with the 5th and 6th graders include positive self-esteem, conflict resolution, dealing with bullies, discovering strengths, setting goals and making friends. Curriculum is set with the students' and teachers' input. Although there are many social emotional learning

## MEET LEAH AND RACHEL



For the last 30 years, Leah Illan has provided oral and ASL interpreters through her agency, Sign Language Services, Inc. During the last 10 years she expanded her business and now also provides CART services through Caption Now. Illan is also a sign language instructor and has conducted workshops and outreach programs at high schools, provided academic counseling for students, and coordinated interpreting, note-taking and assistive listening device services so that students can achieve their academic potential.

Illan holds a master's degree in human development and numerous related credentials in special education and adult education. She also has training in educational therapy, learning differences and Attention Deficit Hyperactivity Disorder (ADHD).



Rachel Huizar-Shaffer has training in ADHD coaching and domestic violence training, and is a freelance oral and ASL interpreter. She has also volunteered for a women's shelter with special interest in working with teens on self-esteem and healthy relationships. Shaffer has worked in the field of deafness for over 25 years. She earned a master's degree in human development with a specialization in leadership in education and working in the community.

programs, TAG specifically covers topics that relate to deafness and self-advocacy skills.

### A.G.: How are teens with hearing loss different than teens with typical hearing?

**L.I. & R.S.:** Teens who are deaf and hard of hearing and teens with typical hearing have more similarities than differences. Adolescence is difficult for all teens. It is a time of self discovery and many changes, physically and emotionally. All kids want to fit in and be accepted. So it can be difficult when someone has *any* difference, such as having a hearing loss. Many of the kids we meet cover their devices and do not want services or to be identified as having a hearing loss. Teens do not want to stick out or to be different. This is developmentally appropriate as they are exploring their independence, developing a sense of self and figuring out where they fit in. Even those who

grew up in an educational program for students who are deaf and hard of hearing and know others with a hearing loss found it difficult being the only student with hearing loss in their new school. Being the only one in the mainstream can make our students question who they are and their abilities when they see themselves outside of the norm. TAG provides a safe place for them to discuss these feelings and share ways to fit in while still having their access needs met.

One of the most successful parts of TAG is sharing experiences. Meeting with others like themselves makes them "not different." Some comments about the program include: "There are others like me, who feel the same and have the same experiences;" "I am not the only one;" and "I am normal!" They learn they just can't hear as well as others or may need accommodations. This follows the comment by the adult who said, when meeting others who were deaf and hard of hearing, "Finally! Someone who gets it."

### A.G.: In your opinion, what are the biggest challenges teens with hearing loss have to overcome?

**L.I. & R.S.:** Because teens don't want to be different, they may not ask for assistance or ask to have information repeated, especially from their peers. For some there is a sense of pride in being able to "make it" without assistance, but many do not know when they are missing information. Missing information also impacts social interactions. It is hard to ask others to repeat missed information and this can lead to misunderstandings on both sides. Also, individuals with typical hearing learn a lot from overhearing; not just general information, but pragmatic information such as negotiating with parents or friends, resolving conflicts, appropriate interaction and more. This can impact many aspects of a child with hearing loss' life.

Many students also lack information related to deafness, such as their rights and laws, services that could be beneficial and how to use or access services. One student toured a culturally deaf school and was surprised to learn that there was a philosophical difference in approach to communication. He brought that back to the group and we found that out of 10 students, only one had any idea about other communication approaches. This led to a great discussion. It is important for students to be aware of issues that involve them.

### A.G.: What's next on the horizon for TAG—in what direction would you like the program to go?

**L.I. & R.S.:** TAG would like to expand to other schools and reach more students, including high school students. We would like to continue providing parent workshops and half-day conferences for parents and professionals. To keep up with technology and how kids communicate, TAG is working on a website to connect students with hearing loss across the country. And a future goal would be to expand and train others to provide a TAG program in their area. ☺

# Division

By Rob Madell, Ph.D., and Jane R. Madell, Ph.D., CCC-A/SLP, LSLS Cert. AVT

This is the fifth and final article in a series of articles about the word problems of elementary arithmetic. In the first (published in the November/December 2010 edition of *Volta Voices*), we proposed that learning to solve such problems involves language learning as much as it involves arithmetic. In the subsequent articles (published in the January/February 2011, March/April 2011 and May/June 2011 issues of *Volta Voices*) we focused on addition, subtraction and multiplication, respectively.

This article addresses the language of division word problems. Think about the following three examples. You may recognize the first problem as an example of Easy Multiplication:

- Problem 1: Suppose there are 3 buses and that each of those buses has 4 chickens on it. How many chickens are there altogether?
- Problem 2: There are 12 chickens. They are on 3 buses, with the same number of chickens on each bus. How many chickens are on each bus?
- Problem 3: There are 12 chickens that have to be put on buses. Each bus can only hold 4 chickens. How many buses are needed?

In all three problems there are 3 buses, 4 chickens on each bus and 12 chickens altogether. The differences between the problems have to do with what information you are provided with and what information you have to solve for. Problem 2 is an example of what is called Partitive Division; Problem 3 is an example of Measurement Division.

## The Partitive Division Model

To help a child model Problem 2, you could help him or her to:

- Count out 3 paper cups (RED) to represent the buses (Figure 1a).
- Count out 12 marbles (GREEN) to represent the chickens.
- Distribute the marbles so that each cup (bus) gets the same number of marbles (chickens). One way to do that is by:
  - First putting one marble in each cup (Figure 1b).
  - Then putting a second marble in each cup (Figure 1c).
  - Then putting a third marble in each cup (Figure 1d).
  - Then putting a fourth marble in each cup (Figure 1e).

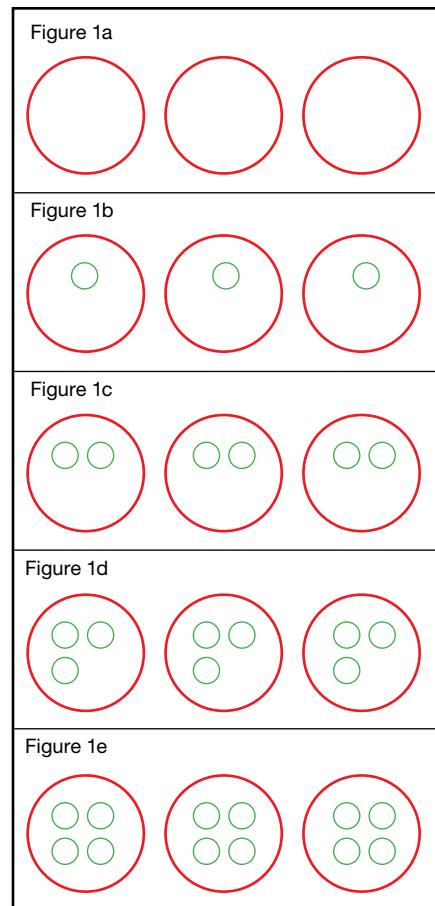
The child can then use this model to solve the problem by:

- Counting the number of marbles in any one of the cups.

Of course it is not necessary that children dole out the marbles one at a time. For example, some children may start by guessing that 3 chickens go on each bus. Others may start by guessing that 5 chickens go on each bus. The thing that is important is that in the end, each bus has the same number of chickens.

## Other Partitive Division Word Problems

In the article on multiplication we identified, in addition to Problem 1, all of the following as examples of Easy Multiplication. The point was that just one model (in this case, the Easy Multiplication model) can represent various types of word problems.



- Price Problems – Isabella buys 3 candy bars. Each one costs 4 cents. How much do the candy bars cost altogether?
- Rate Problems – Jacob plants 4 sunflower seeds each day. How many sunflower seeds does he plant in 3 days?
- Array Problems – The seats in a small classroom are arranged in 3 rows, with 4 seats in each row. How many seats are there altogether?

So it will come as no surprise that there is more than one type of Partitive Division word problem. In fact, each of the Easy Multiplication problems above can be modified to become a Partitive Division problem. For example, the Price Problem can be edited to become:

- Isabella buys 3 candy bars that each cost the same amount. Altogether they cost 12 cents. How much does each candy bar cost?

Consider how you would model this problem and how, if at all, your model would differ from the model illustrated in Figure 1. We also encourage you to edit both the Rate and Array problems so that your edited versions are examples of Partitive Division. (Hint – you should be able to represent your problems by the equation  $12 \div 3 = \square$ .)

## The Measurement Division Model

To help a child model Problem 3 you will once again need a supply of “buses” and a supply of “chickens.” You will need to help the child to:

- Count out 12 marbles to represent the 12 chickens.
- Put 4 marbles in a cup (representing the first bus).
- Put 4 marbles in a second “bus.”
- Put 4 marbles in a third “bus.”

Now that all 12 “chickens” are on “buses” the problem can be solved by helping the child:

- Count the number of cups.

It is important to see that the process for modeling Problem 3 is different than that for modeling Problem 2.

Just as the Price, Rate and Array problems above can be edited to become examples of Partitive Division, they can be edited in a different way to become examples of Measurement Division. We encourage the interested reader to do so. As above, you should model your examples and think about how those models differ from one another – if you think that they differ at all. (Hint – all of your problems should be represented by the equation  $12 \div 4 = \square$ .)

## Still More Division Problems

As in the case of Easy Multiplication, there are division problems that correspond to each Hard Multiplication problem. For example, you can turn a Hard Multiplication problem like this one:

- Matt has 4 chickens. Oscar has 3 times as many chickens as Matt has. How many chickens does Oscar have?

Into two related division problems:

- Matt has some chickens. Oscar has 12 chickens and that is 3 times as many as Matt. How many chickens does Matt have?
- Matt has 4 chickens. Oscar has 12 chickens. Oscar has how many times as many chickens as Matt?

Once again we encourage readers to model these problems on their own and to think about how they are related to Partitive and Measurement problems.

## Summary

Over the course of this series we have introduced to the reader, in some detail, many different kinds of word problems. As the series comes to an end it is worth stepping back to look at the big picture.

1. Before children start to memorize “facts” (like  $9 - 4 = 5$  and  $3 \times 4 = 12$ ), they should first learn to solve word problems. To do that they should learn what those word problems mean.
2. The meaning of every word problem can be represented by a physical model. Every word problem that a child is likely to see in elementary school can be modeled by one or the other of the models described in this series.
3. Some children learn how to model and solve some word problem without direct, explicit instruction. But very few children (hearing or not) learn to solve all the different types in this way.
4. Therefore, parents, teachers, speech-language pathologists, and listening and spoken language specialists should familiarize themselves with all the different kinds of word problems and with the models that represent them. They should systematically introduce children to those problems, and they should help children to understand the meaning of those problems by helping them to solve them with models. ☺

*Editor's Note: For a visual demonstration of the division word problems presented here, visit [www.JaneMadell.com/division.html](http://www.JaneMadell.com/division.html). Past articles are available at [www.JaneMadell.com](http://www.JaneMadell.com). They are also available in Spanish at [www.t-oigo.com](http://www.t-oigo.com) / También disponible en español en la página web, [www.t-oigo.com](http://www.t-oigo.com).*

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# Make a Book and Make It Fun

By George W. Fellendorf, Ed.D.

For parents of a young child with a hearing loss, it is important to find an experienced and compassionate therapist to begin coaching the child and his or her family to develop listening and spoken language. There are many things parents can do at home to encourage spoken language development. One of these is creating a picture book. A picture book is a book with photographs of individuals, places and events that are very specific to the background and interests of the reader (in this case, the child). Thus, the child sees people and places relevant to his or her own personal experiences rather than pictures cut from a book that someone else has written.

For the past 60 years since we learned that our 13-month-old daughter had a severe hearing loss, we have created our own picture books to help her, our two grandsons with hearing loss and our great-granddaughter with hearing loss develop language. Young children, deaf or with typical hearing, may not have the knowledge and experiences to enable them to relate to pictures cut from a travel book or a book about pets. If the child's attention is drawn to a picture of someone he or she

knows, the child can relate to that person or the event depicted and feel that he or she recognizes a relative or friend.

The following are just a few samples of our family practice of photographing people and events for the purpose of introducing language and learning opportunities for our most recent family members: Mira, age 2, who wears two hearing aids, and her 4-year-old brother Brandon, who has typical hearing. I think you will soon discover that it is as much fun for us as parents and/or grandparents to create the books as it is for the children to read them. Parents can follow the ideas that have worked for us, or use their own methods to create picture books.

The principal character in our current book for Brandon and Mira is our dog Harley. Neither great-grandchild has ever seen Harley as they live in Arizona and we live in New Hampshire, but I think they feel they know Harley quite well. They love dogs too, so it was quite natural to build our "educational tool" around a four-legged character named Harley. We took pictures of the events described and created stories around the images. Here are some examples.

In Figure 1, we see Harley with Opa, the German word for great-grandpa, and beside them Ethan, Harley's best friend. One purpose of this photo is to introduce the term great-grandpa; I wanted Mira and Brandon to find an easier way to refer to their great grandparents. The new vocabulary in the story also includes two important words and concepts that all children should learn and use: "love" and "thank you." At very early ages children should be learning to thank others for doing nice things even when the other person is Mom or Dad. We like to think dogs as well as humans appreciate being helped and even though they cannot talk as we do, they can still show their appreciation in other ways.



Figure 1



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In Figure 2, we describe one experience that Harley does not like – taking a bath. Playing with Opa and his friend Ethan is fun, but taking a bath? That is something else! Everyone wants and needs a best friend, even dogs. Sometimes best friends like to do things that you don't like to do, but that doesn't mean you cannot be friends. You can respect another person's activities and interests but you don't have to do the same things they do. Ethan loves to swim in the river, but Harley doesn't like the water. They are still good friends.



Figure 2

In Figure 3, Oma appears with our old piggy bank. The same bank being used is one that Opa and Oma bought for Brandon and Mira's daddy when he was a little baby. The piggy bank doesn't have a name, so maybe Brandon and Mira can give it a name. What will Brandon and Mira do with the money that comes from the piggy bank? First of all we wanted Brandon and Mira to know that Opa and Oma love them and are thinking of them and their future by saving money to give to them some day soon. But the money will hopefully be shared with their par-

ents and friends. The idea of seeking ways to help friends with a gift they really did not expect hopefully will introduce them to the concept of "it is more blessed to give than to receive."



Figure 3

In Figure 4 we can see Harley trying to put some money in the piggy bank for Brandon and Mira. Opa is helping him because Harley loves Brandon and Mira. It may take a little bit of explanation by their

parents to explain what a "hint" is and how one can encourage others by suggesting an action that they had thought of on their own. We thought they would get a kick out of seeing that Harley was helping save money for them even though he is a dog.



Figure 4

It should be obvious that we love our great grandchildren and enjoy doing things that will not only entertain them, but help them along that fabulous journey we call life. ☺

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# Marhaba! (مرحباً)

By Kirsten Brackett

Marhaba! (مرحباً)

Ana ismee Kirsten.

Or, Greetings! My name is Kirsten Brackett. I have been living in Abu Dhabi, United Arab Emirates, for the past two and a half years.

I am 17 years old and a junior at the American Community School of Abu Dhabi (ACS). I've had a sensorineural hearing loss in both ears since birth, which was not discovered until I was 5 years old. I was fitted for hearing aids and have worn them ever since. I previously lived in Littleton, Colo., until I was 15, but even from my earliest memories I recall traveling around the United States and internationally. Some of my first trips were to Hawaii, Singapore, Thailand, Australia and across Europe. Traveling around the world has made me less intimidated to go to new places with different cultures and eager to travel even more.

Early in 2008 my dad's job was transferred to Abu Dhabi. I had no idea where it was and I could never seem to remember the name. I would always



Kirsten Brackett

Kirsten holds a child in India where she traveled to build houses with Habitat for Humanity.



Kirsten Brackett

Kirsten gives a young child in Petra, Jordan, lollipops during a recent trip to that country. Travel around the Middle East is one of the benefits Kirsten has found from living in the UAE.

think of Abu, the monkey in the Disney movie Aladdin. My dad moved and my mom stayed with me and my brother, who was in the middle of his junior year of high school, so we could finish high school. I had just started high school and was expecting lots of exciting changes. Although my school was great, I felt like I had been trapped in a bubble my whole life and something was missing. I asked my parents if I could move to Abu Dhabi and live with my dad. By January 2009, I was living on the other side of the world.

Being a new student with a hearing loss in a foreign country was frightening for me. I was afraid that I wasn't going to be able to understand people and that I wouldn't fit in with all the kids. However, once my first week had flown by, I realized I had no reason to be scared. ACS is an American curriculum school, so my classes were similar to what I experienced in the United States. There

are 90 students in my grade, which was a big change coming from a school with 400 students in my grade. The smaller class sizes have been a big benefit for me. Classes are quieter and there is more one-on-one time with the teachers. The biggest change was going from a public school that allowed me to have an Individualized Education Program (IEP), including a speech-language pathologist who mentored me throughout elementary and middle schools, to a school that does not recognize IEPs. ACS is a private school with no accommodations for those who need additional support. This has been challenging for me, but with the help of my parents, friends and amazing teachers, I have succeeded.

One of the interesting things about ACS is that even though it is an American school, most of the students and teachers who go there are not American nor do they have an American passport, and



Kirsten Brackett

Living in the UAE, especially Abu Dhabi, has been an entertaining and interesting experience. Going to the beach, camping in the desert, skiing indoors, attending concerts, and watching major sports tournaments and cultural events has made it a fun city to live in.

Most people living here were not born here and so there is a broad diversity of cultures. My fear of not understanding people's accents has diminished. There are so many different languages that it makes it hard for all people to understand each other.

Living internationally has taught me that the world is really a small place. And most importantly, that my hearing loss will not be a deterrent to accomplishing anything that I choose. After high school I plan to attend college in the United States. I will be looking at colleges through the summer and the beginning of senior year. I have not determined where I would like to go or what I would major in, but I know I'd prefer a smaller school with smaller class sizes to enhance my learning. I would also like a school with a study abroad program. Living overseas has inspired me to travel more and when I'm older I would love to work overseas. ☺

Kirsten Brackett is a 17-year-old junior at the American Community School of Abu Dhabi, United Arab Emirates, and a 2011 Leadership Opportunities for Teens participant.

On the boardwalk in Abu Dhabi where people make sand sculptures.

many have only briefly (or never) lived in America. Most ACS students move to a new location somewhere around the world every few years. With the blend of cultures, everyone is very welcoming and accepting. Classes are much more interesting because you learn more about worldly viewpoints other than just your city, state, or the U.S. perspective.

ACS encourages traveling and meeting new people. School sport tournaments and club events are held in different countries allowing teams to meet with other schools from around the Middle East and South Asia. I participated in

swimming, cross-country and forensics, and have competed in Dubai, UAE, Cairo, Egypt and Kuwait. ACS has also led me to find my passion, which is community service. I am involved with Habitat for Humanity, Doctors without Borders and Global Issues. Last year, I traveled to India with Habitat for Humanity to build houses for underprivileged families. This was an amazing experience and opened my eyes up to the world of poverty and hunger. This has inspired me and my friends to plan a trip to work at an orphanage this summer in Ghana, Africa.

A photograph showing a teacher in a pink sweater holding up a white card with a symbol on it, while gently touching the student's neck to feel vibrations. The student is wearing a white shirt. In the background, there is a colorful mural of a house and animals. The University of Southern Mississippi logo is in the bottom left corner.

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## ■ Arizona

**Desert Voices**, 3426 E. Shea Blvd., Phoenix, AZ 85028 • 602-224-0598 (voice) • 602-224-2460 (fax) • [info@desertvoices.phxcoxmail.com](mailto:info@desertvoices.phxcoxmail.com) (email). Emily Lawson, Executive Director. Oral school for deaf and hard-of-hearing children from birth to nine years of age. Programs include Birth to Three therapy, Toddler Group, and full day Educational Program. Other services include parent education classes, speech and language evaluations, parent organization and student teacher placements. Desert Voices is a Moog Curriculum school.

## ■ California

**Auditory-Verbal Services**, 10623 Emerson Bend, Tustin, CA 92782. 714-573-2143 (voice) - [KarenatAVS@aol.com](mailto:KarenatAVS@aol.com) (email). Karen Rothwell-Vivian, M.S.Ed., M.A., CCC-A, LSLS Certified Auditory-Verbal Therapist (LSLS Cert.AVT). Auditory-Verbal Therapy and audiological consultation for children with hearing loss from infancy. Expertise with hearing aids, cochlear implants, FM systems, and mainstreaming support. Auditory Rehabilitation both pre-lingual and post-lingual hearing loss for children and adults.

**Children's Choice for Hearing and Talking, CCHAT Center – Sacramento**, 11100 Coloma Road, Rancho Cordova, Ca 95670 • 916-361-7290 (voice). Laura Turner, Principal. An auditory/oral day school educating children and their families from birth through early elementary grades. Other programs include adult cochlear implant support, parent-infant program, on-site audiological services and mainstreaming support services. The school is staffed with credentialed teachers, licensed speech-language pathologists and a licensed audiologist.

**Echo Center/Echo Horizon School**, 3430 McManus Avenue, Culver City, CA 90232 • 310-838-2442 (voice) • 310-838-0479 (fax) • 310-202-7201 (try) • [vishida@echohorizon.org](mailto:vishida@echohorizon.org) (email) • [www.echohorizon.org](http://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 by credentialed DHH teachers in speech, language, auditory skills and academic follow-up.

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**HEAR to Talk**, 547 North June Street, Los Angeles, CA 90004 • 323-464-3040 (voice) • [Sylvia@hear2talk.com](mailto:Sylvia@hear2talk.com) (e-mail) • [www.hear2talk.com](http://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.

**Jean Weingarten Peninsula Oral School for the Deaf**, 3518 Jefferson Avenue, Redwood City, CA 94062 • 650-365-7500 (voice) • [jwposd@jwposd.org](mailto:jwposd@jwposd.org) (e-mail) • [www.oraldeafed.org/schools/jwposd](http://www.oraldeafed.org/schools/jwposd) (website) Kathleen Daniel Sussman, Executive Director; Pamela Musladin, Principal. An auditory/oral program where deaf and hard of hearing children listen, think and talk! Cognitive based program from birth through mainstreaming into 1st or 2nd grade. Students develop excellent language, listening and social skills with superior academic competencies. Cochlear Implant Habilitation, mainstream support services and Family Center offering special services for infants, toddlers and their families.

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**Listen and Learn**, 4340 Stevens Creek Blvd., Suite 107, San Jose, CA 95129 • 408-345-4949 • Marsha A. Haines, M.A., CED, Cert. AVT, and Sandra Hamaguchi Hocker, M.A., CED • 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 school. California NPA certified.

**No Limits Performing Arts Academy and Educational Center**, 9801 Washington Boulevard, 2nd Fl, Culver City, CA 90232 – 310.280.0878, 800.948.7712 • [www.kidswithnolimits.org](http://www.kidswithnolimits.org). • Provides free speech, language, literacy and support services to dhh children and their families between the ages of 3 and 18 through its No Limits Educational Center. Additionally, No Limits offers a national performing arts program for schools and the community that builds the self confidence and communication skills of children with a hearing loss.

**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.**

**Oralingua School for the Hearing Impaired**, North Campus – 7056 S. Washington Avenue, Whittier, CA 90602 – 562-945-8391 (voice) 562-945-0361 (fax) [info@oralingua.org](mailto:info@oralingua.org) (email) [www.oralingua.org](http://www.oralingua.org) (website) South Campus – 221 Pawnee Street, San Marcos, CA 92078 – 760-471-5187 (voice) 760-591-4631 (fax) Where Children are Listening and Talking! An auditory/oral program serving children from infancy to 11 years old. Audiological, Speech, Itinerant, AVI Therapy, and other related Designated Instructional Services available. Contact Elisa J. Roche, Executive Director.

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**Training and Advocacy Group for Deaf & Hard of Hearing Children and Teens (TAG)**, 11693 San Vicente Blvd. #559, Los Angeles, CA 90049, 310-339-7678, [tagkids@aol.com](mailto>tagkids@aol.com), [www.tagkids.org](http://www.tagkids.org). Leah Ilan, Executive Director. Offers free group meetings for ddh children and teens from 5th grade through high school to provide socialization and advocacy training. Half-day workshops for high school seniors are given to prepare students for college or employment. Groups are held in schools during weekdays and in the community during the weekends. The sessions are each two hours long with 8-12 participants. Parent workshops and special extracurricular outings are also offered throughout the school year.

## ■ Colorado

**Bill Daniels Center for Children's Hearing, The Children's Hospital – Colorado, Department of Audiology, Speech Pathology and Learning Services**, 13123 East 16th Avenue, B030 Aurora, CO 80045. [www.thechildrenshospital.org](http://www.thechildrenshospital.org) (website) – 720-777-6531 (voice) - 720-777-6886 (TTY) or [BillDanielsCenter@tchden.org](mailto:BillDanielsCenter@tchden.org) (e-mail) We provide comprehensive audiology and speech-language services for children who are deaf or hard-of-hearing (ages birth through 21 years). Our pediatric team specializes in family-centered care and includes audiologists, speech-language pathologists, a deaf educator, family consultant, and clinical social worker. Individual, group and parent educational support and programs are designed to meet each family desire for their preference of communication needs. We also provide advanced technology hearing aid fitting and cochlear implant services.

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### ■ Connecticut

**CREC Soundbridge**, 123 Progress Drive, Wethersfield, CT 06109 • 860-529-4260 (voice/TTY) • 860-257-8500 (fax) • [www.crec.org/soundbridge](http://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.

### New England Center for Hearing

**Rehabilitation (NECLEAR)**, 354 Hartford Turnpike, Hampton, CT 06247 • 860-455-1404 (voice) • 860-455-1396 (fax) • Diane Brackett. Serving infants, children and adults with all degrees of hearing loss. Speech, language, listening evaluation for children using hearing aids and cochlear implants. Auditory-Verbal therapy; Cochlear implant candidacy evaluation, pre- and post-rehabilitation, and creative individualized mapping. Post-implant rehabilitation for adults with cochlear implants, specializing in prelingual onset. Mainstream school support, including onsite consultation with educational team, rehabilitation planning and classroom observation. Comprehensive audiological evaluation, amplification validation and classroom listening system assessment.

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**Clarke Schools for Hearing and Speech/Jacksonville**, 9857 St. Augustine Road, Suite 6, Jacksonville, FL 32257 • 904-880-9001(voice/relay) • [info@clarkeeschools.org](mailto:info@clarkeeschools.org) • [www.clarkeschools.org](http://www.clarkeschools.org). 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 and support group, cochlear implant habilitation, and mainstream support. Summer Listening and Spoken Language Program provides additional spoken language therapy for toddler and preschool-ages children.

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

### ■ Georgia

**Atlanta Speech School – Katherine Hamm Center**, 3160 Northside Parkway, NW Atlanta, GA 30327 - 404-233-5332 ext. 3119 (voice/TTY) 404-266-2175 (fax) [scarr@atlapsch.org](mailto:scarr@atlapsch.org) (email) [www.atlantaspeechschool.org](http://www.atlantaspeechschool.org) (website) A Listening and Spoken Language program serving children who are deaf or hard of hearing from infancy to elementary school age. Children receive language-rich lessons and highly individualized instruction in a nurturing environment. Teachers and staff work closely with parents to instill the knowledge and confidence children need to reach their full potential. Early intervention programs, audiological support services, auditory-verbal therapy, mainstreaming opportunities, and independent educational evaluations. Established in 1938.



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Century Boulevard, Suite 20, Atlanta, GA 30345, 404-633-8911 (voice) • 404-633-6403 (fax) • listen@avchears.org (email) • www.avchears.org (website). Auditory-Verbal Center, Inc - Macon, 2720 Sheraton Drive, Suite D-240, Macon, GA 31204 • 478-471-0019 (voice). A comprehensive Auditory-Verbal program for children with hearing impairments and their families. Home Center and Practicum Site programs provide intensive A-V training for families and professionals. Complete audiological services for children and adults. Assistive listening devices demonstration center.

## **■ Idaho**

**Idaho Educational Services for the Deaf and the Blind**, 1450 Main Street, Gooding, ID 83330 • 208 934 4457 (V/TTY) • 208 934 8352 (fax) • isdb@isdb.idaho.gov (e-mail). IESDB serves birth to 21 year old youth with hearing loss through parent-infant, on-site, and outreach programs. Options include auditory/oral programs for children using spoken language birth through second grade. Audiology, speech instruction, auditory development, and cochlear implant habilitation is provided.

## **■ Illinois**

**Alexander Graham Bell Montessori School (AGBMS) and Alternatives in Education for the Hearing Impaired** www.agbms.org (website) • info@agbms.org (email) • 847-850-5490 (phone) • 847-850-5493 (fax) • 9300 Capitol Drive Wheeling, IL 60090 • AGBMS provides challenging academic programs in a mainstream environment for deaf children ages 0-12 years. Teach of the Deaf, Speech/Language Pathologist, and Classroom Teachers utilize Cued speech to provide complete access to English and enable development of age-appropriate language and literacy skills. Speaking and listening skills are emphasized by staff with special training in auditory/verbal therapy techniques. AEHI provides Cued Speech training and other outreach services to families and professionals in the Great Lakes area.

**Child's Voice School**, 180 Hansen Court, Wood Dale, IL 60191, (630) 595-8200 (voice) (630) 595-8282 (fax) - info@childsvoice.org (email) http://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 and mainstream support services provided. Early intervention for birth to age three with parent-infant and toddler classes and home based services offered. Parent Support/Education classes provided. Child's Voice is a Moog Curriculum school.

## **■ Indiana**

**St. Joseph Institute for the Deaf - Indianapolis**, 9192 Waldemar Road, Indianapolis, IN 46268 • (317) 471-8560 (voice) • (317) 471-8627 (fax) • www.sjid.org; touellette@sjid.org (email) • Teri Ouellette, M.S. Ed., LSLS Cert. AVEd., Director. St. Joseph Institute for the Deaf - Indianapolis, a campus of the St. Joseph Institute system, serves children with hearing loss, birth to age six. Listening and Spoken Language programs include early intervention, toddler and preschool classes, cochlear implant rehabilitation, mainstream therapy and consultation and daily speech therapy. Challenging speech, academic programs and personal development are offered in a nurturing environment. (See Kansas and Missouri for other campus information.)

## **■ Kansas**

**St. Joseph Institute for the Deaf - Kansas City**, 8835 Monrovia, Lenexa, KS 66215 • 913-383-3535 • www.sjid.org • Jeanne Fredriksen, M.S., Ed., Director • jfredriksen@sjid.org. St. Joseph Institute for the Deaf - Kansas City, a campus of the St. Joseph Institute system, serves children with hearing loss, birth to age eight. Listening and Spoken Language programs include: early intervention, toddler playgroups, preschool to second grade classes, cochlear implant/hearing aid rehabilitation and daily speech therapy. Challenging listening/speech and language therapy, academic programs and personal development opportunities are offered in a nurturing environment. (See Missouri and Indiana for other campus information.)

## **MASTER'S and CREDENTIAL PROGRAM**



**John  
Tracy  
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# DIRECTORY OF SERVICES

## ■ Maryland

**The Hearing And Speech Agency's Auditory/Oral Program**, 5900 Metro Drive, Baltimore, MD 21215 • (voice) 410-318-6780 • (TTY) 410-318-6759 • (fax) 410-318-6759 • Email: [hasa@hasa.org](mailto:hasa@hasa.org) • Auditory/oral education and therapy program for children who are deaf or hard of hearing between the ages of three and five. Early intervention services offered for birth to age three. Cheerful, spacious, state-of-the-art classrooms located in the Gateway School and approved by MSDE. On site audiology & speech-language pathology provided. Applications are accepted year-round.

## ■ Massachusetts

**Clarke Schools for Hearing and Speech/Boston**, 1 Whitman Road, Canton, MA 02021 • 781-821-3499 (voice) • 781-821-3904 (tty) • [info@clarkeschools.org](mailto:info@clarkeschools.org) • [www.clarkeschools.org](http://www.clarkeschools.org). A member of the Option Schools network, Clarke Schools for Hearing and Speech provide 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 (re)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, Philadelphia, Jacksonville, New York City and Northampton.

**Clarke Schools for Hearing and Speech/Northampton**, 47 Round Hill Road, Northampton, MA 01060 • 413-584-3450 (voice/tty) • [info@clarkeschools.org](mailto:info@clarkeschools.org) • [www.clarkeschools.org](http://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 and boarding school through 8th grade, cochlear implant assessment, summer programs, mainstream services (itinerant and consulting), evaluations for infants through high school students, audiological services, and graduate degree program in teacher education.

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

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

## ■ Michigan

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

## ■ Minnesota

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

**Northeast Metro #916 Auditory/Oral Program**, 3375 Willow Ave., Rm 109, White Bear Lake, Minnesota 55110; 651.415.5546, • email [auditory.oral@nemetro.k12.mn.us](mailto:auditory.oral@nemetro.k12.mn.us). • Providing oral education to children who are Deaf or Hard of Hearing. Services strive to instill and develop receptive (listening) and expressive (speaking) English language skills within each student. Well-trained specialists carry the principles of this program forward using supportive, necessary, and recognized curriculum.

The program's philosophy is that children who are Deaf or Hard of Hearing can learn successfully within a typical classroom environment with typical hearing peers. This can be achieved when they are identified at an early age, receive appropriate amplification, and participate in an oral-specific early intervention program. Referrals are through the local school district in which the family live.

## ■ Mississippi

**DuBard School for Language Disorders**, The University of Southern Mississippi, 118 College Drive #5215, Hattiesburg, MS 39406-0001 • 601.266.5223 (voice) • [dubard@usm.edu](mailto:dubard@usm.edu) (e-mail) • [www.usm.edu/dubard](http://www.usm.edu/dubard) • Maureen K. Martin, Ph.D., CCC-SLP, CED, CALT, Director • 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, learning disabilities/dyslexia and speech disorders, such as apraxia, through its non-graded, 11-month program. The Association Method, as refined, and expanded by the late Dr. Etoile DuBard and the staff of the school, is the basis of the curriculum. Comprehensive evaluations, individual therapy, audiological services and professional development programs also are available. A/EOE/ADA

## ■ Magnolia Speech School, Inc.

733 Flag Chapel Road, Jackson, MS 39209 – 601-922-5530 (voice), 601-922-5534 (fax) – [anne.sullivan@magnoliaspeechschool.org](mailto:anne.sullivan@magnoliaspeechschool.org) – Anne Sullivan, M.Ed. Executive Director. Magnolia Speech School serves children with hearing loss and/or severe speech and language disorders. Listening and Spoken Language instruction/therapy is offered to students 0 to 12 in a home based Early Intervention Program (free of charge), in classroom settings and in the Hackett Bower Clinic (full educational audiological services, speech pathology and occupational therapy). Assessments and outpatient therapy are also offered to the community through the Clinic.

## ■ 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](mailto:lberkowitz@cid.edu) (email) • [www.cid.edu](http://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](http://www.moogcenter.org) (website) • Betsy Moog Brooks, Director of School and Family School, [bbrooks@moogcenter.org](mailto:bbrooks@moogcenter.org). Services provided to children who are deaf and hard-of-hearing from birth to 9 years of age. Programs include the Family School (birth to 3), School (3-9 years), Audiology (including cochlear implant programming), mainstream services, educational evaluations, parent education and support groups, professional workshops, teacher education, and student teacher placements. The Moog Center for Deaf Education is a Moog Curriculum School.

**The Moog School at Columbia**, 3301 West Broadway, Columbia, MO 65203 • 573-446-1981(voice) • 573-446-2031 (fax) • Judith S. Harper, CCC SLP, Director • [jharper@moogschool.org](mailto:jharper@moogschool.org) (e-mail). Services provided to children who are deaf and hard-of-hearing from birth to kindergarten. Programs include the Family School (birth to 3), School (3 years to kindergarten). Mainstream services (speech therapy/academic tutoring), educational evaluations, parent education, support groups, and student teacher placements. The Moog School—Columbia is a Moog Curriculum School.

**St. Joseph Institute for the Deaf - St. Louis**, 1809 Clarkson Road, Chesterfield, MO 63017 • (636) 532-3211 (voice/TTY) • [www.sjid.org](http://www.sjid.org); Mary Daniels, MAEd, LSLS Cert. AVEd, Director of Education • [mdaniels@sjid.org](mailto:mdaniels@sjid.org) • An independent, Catholic school serving children with hearing loss birth through the eighth grade. Listening and Spoken Language programs include early intervention, toddler and preschool classes, K-8th grade, I-Hear internet therapy, audiology clinic, evaluations, mainstream consultancy, and summer school. Challenging speech, academic programs and personal development are offered in a supportive environment. ISACS accredited. Approved private agency of Missouri Department of Education and Illinois Department of Education. (See Kansas and Indiana for other campus information.)

# DIRECTORY OF SERVICES

## ■ New Jersey

**HIP and SHIP of Bergen County Special Services - Midland Park School District**, 41 E. Center Street, Midland Park, NJ. 07432 • 201-343-8982 (voice) • kattro@bergen.org (email) • Kathleen Treni, Principal. An integrated, comprehensive pre-K-12th grade auditory oral program in public schools. Services include Auditory Verbal and Speech Therapy, Cochlear Implant habilitation, Parent Education, and Educational Audiological services. Consulting teacher services are available for mainstream students in home districts. Early Intervention services provided for babies from birth to three. SHIP is the state's only 7-12th grade auditory oral program. CART (Computer Real Time Captioning) is provided in a supportive, small high school environment.

**The Ivy Hall Program at Lake Drive**, 10 Lake Drive, Mountain Lakes, NJ 07046 • 973-299-0166 (voice/tty) • 973-299-9405 (fax) • www.mtlakes.org/lld. • Trish Filiaci, MA, CCC-SLP, Principal. An innovative program that brings hearing children and children with hearing loss together in a rich academic environment. Auditory/oral programs include: early intervention, preschool, kindergarten, parent support, cochlear implant habilitation, itinerant services, OT, PT and speech/language services. Self-contained to full range of inclusion models available.

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

**Summit Speech School for the Hearing-Impaired Child, F.M. Kirby Center** is an 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 Mexico

**Presbyterian Ear Institute - Albuquerque**, 415 Cedar Street, SE, Albuquerque, NM 87106 505-224-7020 (voice) • 505-224-7023 (fax) • www.presbyterianearinstitute.org (website) • Catherine Creamer, Principal. Services include a cochlear implant center and auditory/oral program for children who are deaf and hard of hearing birth through 9 years old. Exists to assist people with hearing loss to better listen and speak and integrate into mainstream society. Presbyterian Ear Institute is a Moog Curriculum.

## ■ New York

**Anne Kearney, M.S., LSLS Cert. AVT, CCC-SLP**, 401 Littleworth Lane, Sea Cliff, Long Island, NY 11579 • 516-671-9057 (voice).

**Auditory/Oral School of New York**, 2164 Ralph Avenue & 3321 Avenue "M," Brooklyn, NY 11234 • 718-531-1800 (voice) • 718-421-5395 (fax) • info@auditoryoral.org (e-mail) • Pnina Bravmann, Program Director. A premier auditory/oral early intervention and preschool program servicing hearing impaired children and their families. Programs include: StriVright Early Intervention (home-based and center-based), preschool, integrated preschool classes with children with normal hearing, multidisciplinary evaluations, parent support, Auditory-Verbal Therapy, complete audiological services, cochlear implant habilitation, central auditory processing (CAPD) testing and therapy, mainstreaming, ongoing support services following mainstreaming.

**Center for Hearing and Communication**, 50 Broadway, 6th Floor, New York, NY 10004 • 917-305-7700 (voice) • 917-305-7888 (TTY) • 917-305-7999 (fax) • www.CHClearing.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.CHClearing.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(voice/TTY) • 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 preschool 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 New York City, Boston, Bryn Mawr, Philadelphia, Northampton and Jacksonville.

**Long Island Jewish Medical Center: Hearing & Speech Center**, 430 Lakeville Road, New Hyde Park, NY 11042 • 718-470-8910 (voice) • 718-470-1679 (fax). Long Island Jewish Medical Center: Hearing & Speech Center. A complete range of audiological and speech-language services is provided for infants, children and adults at our Hearing and Speech Center and Hearing Aid Dispensary. The Center participates in the Early Intervention Program, Physically Handicapped Children's Program and accepts Medicaid and Medicare. The Cochlear Implant Center provides full diagnostic, counseling and rehabilitation services to individuals with severe to profound hearing loss. Support groups for parents of hearing impaired children and cochlear implant recipients are available.

**Mill Neck Manor School for the Deaf - GOALS (Growing Oral/Aural Language Skills) PROGRAM**, 40 Frost Mill Road, Mill Neck, NY 11765 • (516) 922-4100 (Voice) Mark R. Prowatzke, Ph.D., Executive Director. State-supported school maintains Infant Toddler Program with focus on education, parent training, family support and speech/language/audiological services. Collaborates with Early Intervention Services. Preschool/Kinderergarten (ages 3 - 6) Auditory/Verbal program serves Deaf/HoH students and typical peers to facilitate academic goals meeting NY Standards. Teachers/therapists in this certified literacy collaborative program integrate literacy, listening and oral language skills throughout school day. Art, library, audiological services, daily music/speech/language therapies, related services and family-centered programming included.

**Nassau BOCES Program for Hearing and Vision Services**, 740 Edgewood Drive, Westbury, NY 11590 • 516-931-8507 (Voice) • 516-931-8596 (TTY) • 516-931-8566 (Fax) • www.nassaboces.org (Web) • JMAsone@mail.nassaboces.org (Email). Dr. Judy Masone, Principal. Provides full day New York State standards - based academic education program for children 3-21 within district-based integrated settings. An auditory/oral or auditory/sign support methodology with a strong emphasis on auditory development is used at all levels.

Itinerant services including auditory training and audiological support are provided to those students who are mainstreamed in their local schools. Services are provided by certified Teachers of the Hearing Impaired on an individual basis.

The Infant/Toddler Program provides center- and home-based services with an emphasis on the development of auditory skills and the acquisition of language, as well as parent education and support. Center-based instruction includes individual and small group sessions, speech, parent meetings and audiological consultation. Parents also receive 1:1 instruction with teacher of the Deaf and Hard of Hearing on a weekly basis to support the development of skills at home.

Comprehensive audiological services are provided to all students enrolled in the program, utilizing state-of-the-art technology, FM assistive technology to maximize access to sound within the classroom, and cochlear implant expertise. Additionally, cochlear implant mapping support provided by local hospital audiology team will be delivered on site at the school.

**New York Eye & Ear Cochlear Implant And Hearing & Learning Centers**, 380 Second Avenue at 22nd Street, 9th floor, New York, NY 10010 • 646-438-7801 (voice). Comprehensive diagnostic and rehabilitative services for infants, children and adults including audiology services, amplification and FM evaluation and dispensing, cochlear implants, auditory/oral therapy, otolaryngology, and counseling, early intervention services, and educational services (classroom observation, advocacy, and in-service session).

**Rochester School for the Deaf**, 1545 St. Paul Street, Rochester, NY 14621; 585-544-1240 (voice/TTY), 866-283-8810 (Videophone); info@RSDeaf.org, www.RSDeaf.org. Harold Mowl, Jr., Ph.D., Superintendent/CEO. Serving Western and Central New York State, RSD is an inclusive, bilingual school where deaf and hard of hearing children and their families thrive. Established in 1876, RSD goes above and beyond all expectations to provide quality Pre-K through 12th grade academic programs, support services and resources to ensure a satisfying and successful school experience for children with hearing loss.

# DIRECTORY OF SERVICES

**The Children's Hearing Institute**, 380 Second Avenue at 22nd Street, 9th floor, New York, NY 10010 • 646-438-7819 (voice). Educational Outreach Program – provides continuing education courses for professionals to maintain certification, with accreditation by American Speech-Language-Hearing Association (ASHA), American Academy of Audiology (AAA), and The AG Bell Academy for Listening and Spoken Language. Free parent and family programs for children with hearing loss. CHI's mission is to achieve the best possible outcome for children with hearing loss by caring for their clinical needs, educating the professionals that work with them, and providing their parents with the pertinent information needed for in-home success.

## ■ North Carolina

**BEGINNINGS For Parents of Children Who Are Deaf or Hard of Hearing, Inc.**, 302 Jefferson Street, Suite 110, PO Box 17646, Raleigh, NC 27605, 919-715-4092 (voice) – 919-715-4093 (fax) – Raleigh@ncbegin.org (email). Joni Alberg, Executive Director. BEGINNINGS provides emotional support, unbiased information, and technical assistance to parents of children who are deaf or hard of hearing, deaf parents with hearing children, and professionals serving those families. BEGINNINGS assists parents of children from birth through age 21 by providing information and support that will empower them as informed decision makers, helping them access the services they need for their child, and promoting the importance of early intervention and other educational programs. BEGINNINGS believes that given accurate, objective information about hearing loss, parents can make sound decisions for their child about educational placement, communication methodology, and related service needs.

**CASTLE- Center for Acquisition of Spoken Language Through Listening Enrichment**, 5501-A Fortunes Ridge Drive, Suite A, Durham, NC 27713 • 919-419-1428 (voice) • www.unclearandhearing.com/pedsprogs/castle An auditory/oral center for parent and professional education. Preschool and Early intervention services for young children including Auditory Verbal parent participation sessions. Hands-on training program for hearing-related professionals/university students including internships, two week summer institute and Auditory Verbal Modules.

## ■ Ohio

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

**Millridge Center/Mayfield Auditory Oral Program**, 950 Millridge Road, Highland Heights, OH 44143-3113 • 440-995-7300 (phone) • 440-995-7305 (fax) • www.mayfieldschools.org • Louis A. Kindervater, Principal. Auditory/oral programs with a full continuum of services, birth to 22 years of age. Serving 31 public school districts in northeast Ohio. Early intervention; preschool with typically developing peers; parent support; individual speech, language, and listening therapy; audiological services; cochlear implant habilitation; and mainstreaming in the general education classrooms of Mayfield City School District.

**Ohio Valley Voices**, 6642 Branch Hill Guinea Pike, Loveland, OH 45140513-791-1458 (voice) • 513-791-4326 (fax) • mainoffice@ohiovalleyvoices.org (e-mail) • www.ohiovalleyvoices.org (website). Ohio Valley Voices teaches children who are deaf and hard of hearing how to listen and speak. The vast majority of our students utilize cochlear implants to give them access to sound, which in turn, allows them to learn and speak when combined with intensive speech therapy. We offer birth-to-age three program, a preschool through second grade program, a full array of on-site audiological services, parent education and support resources. Ohio Valley Voices is a Moog Curriculum.

## ■ Oklahoma

**Hearts for Hearing**, 3525 NW 56th Street, Suite A-150, Oklahoma City, OK • 73112 • 405-548-4300 • 405-548-4350(Fax) • Comprehensive hearing healthcare program which includes pediatric audiological evaluations, management and cochlear implant mapping. Auditory-Verbal therapy, cochlear implant habilitation, early intervention, pre-school, summer enrichment services and family support workshops are also provided. Opportunities for family, professional education and consultations are provided. www.heartsforhearing.org

**INTEGRIS Cochlear Implant Clinic at the Hough Ear Institute**, 3434 NW 56th, Suite 101, Oklahoma City, OK 73112 • 405-947-6030 (voice) • 405-945-7188 (fax) • Amy.arrington@integris-health.com (email) • www.integris-health.com (website) • Our team includes board-certified and licensed speech-language pathologists, pediatric and adult audiologists, as well as neurotologists from the Otologic Medical Clinic. Services include hearing evaluations, hearing aid fittings, cochlear implant testing and fittings, newborn hearing testing, and speech/language therapy. The Hearing Enrichment Language Program (HELP) provides speech services for children and adults who are deaf or hard of hearing. Our speech-language pathologists respect adults' and/or parents' choice in (re) habilitation options that can optimize listening and language skills.

## ■ Oregon

**Tucker-Maxon Oral School**, 2860 SE Holgate Boulevard, Portland, OR 97202 • (503) 235-6551 (voice) • (503) 235-1711 (TTY) • tminfo@tmos.org (email) • www.tmos.org (website). Established in 1947, Tucker-Maxon provides an intensive Listening and Spoken Language (auditory/verbal and auditory/oral) program that enrolls children with hearing loss and children with normal hearing in every class. Programs for children with hearing loss start at birth and continue through elementary. Tucker-Maxon provides comprehensive pediatric audiology evaluations; cochlear implant management; habilitation and mapping; early intervention; and speech pathology services.

## ■ Pennsylvania

**Bucks County Schools Intermediate Unit #22, Hearing Support Program**, 705 North Shady Retreat Road, Doylestown, PA 18901 • 215-348-2940 x1240 (voice) • 215-340-1639 (fax) • kmiller@bucksiu.org • Kevin J. Miller, Ed.D., CCC-SP, CED, Supervisor. A publicly-funded program serving local school districts with deaf or hard of hearing students (birth -12th Grade). Services include itinerant support, resource rooms, audiology, speech-language therapy, auditory-verbal therapy, C-Print captioning, and cochlear implant habilitation.

**Center for Childhood Communication at The Children's Hospital of Philadelphia**, 3405 Civic Center Boulevard, Philadelphia 19104 • (800) 551-5480 (voice) • (215) 590-5641 (fax) • www.chop.edu/ccc (website). The CCC provides Audiology, Speech-Language and Cochlear Implant services and offers support through CATIPIHLER, an interdisciplinary program including mental health and educational services for children with hearing loss and their families from time of diagnosis through transition into school-aged services. In addition to serving families at our main campus in Philadelphia, satellite offices are located in Bucks County, Exton, King of Prussia, and Springfield, PA and in Voorhees, Mays Landing, and Princeton, NJ. Professional Preparation in Cochlear Implants (PPCI), a continuing education training program for teachers and speech-language pathologists, is also headquartered at the CCC.

## Clarke Schools for Hearing and Speech/

**Pennsylvania**, 455 South Roberts Road, Bryn Mawr, PA 19010 • 610-525-9600 (voice/try) • info@clarkeeschools.org • www.clarkeschools.org. Judith Sexton, MS, CED, LSLS Cert AVEd, 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. AVEd 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, Philadelphia, Northampton and Jacksonville.

## Delaware County Intermediate Unit # 25, Hearing and Language Programs

200 Yale Avenue, Morton, PA 19070 • 610-938-9000, ext. 2277 610938-9886 (fax) • mdworkin@dciu.org • Program Highlights: A publicly funded program for children with hearing loss in local schools. Serving children from birth through 21 years of age. Teachers of the deaf provide resource room support and itinerant hearing therapy throughout Delaware County, PA. Services also include audiology, speech therapy, cochlear implant habilitation (which includes LSLS Cert. AVT and LSLS Cert. AVED), psychology and social work.

## DePaul School for Hearing and Speech

6202 Alder Street, Pittsburgh, PA 15206 • (412)924-1012 (voice/TTY) • ll@depaulininst.com (email) • www.speakmiracles.org (website). Lillian r. Lippencott, Outreach Coordinator. DePaul, western Pennsylvania's only auditory-oral school, has been serving families for 101 years. DePaul is a State Approved Private School and programs are tuition-free to parents and caregivers of approved students. Programs include: early intervention services for children birth to 3 years; a center-based toddler program for children ages 18 months to 3 years; a preschool for children ages 3-5 years and a comprehensive academic program for grades K-8. Clinical services include audiology, speech therapy, cochlear implant mapping/habilitation services, physical and occupational therapy, mainstreaming support, parent education programs and support groups. AV services are also available.

# DIRECTORY OF SERVICES

**Western Pennsylvania School for the Deaf,**  
300 East Swissvale Avenue, Pittsburgh, PA 15218 –  
412-371-7000 (voice) – vcherney@wpsd.org (email)  
- [www.wpsd.org](http://www.wpsd.org) (website). The Western Pennsylvania  
School for the Deaf (WPSD) provides tuition free  
educational and extracurricular programs in an all  
inclusive communication environment. With campuses  
in Pittsburgh and Scranton, WPSD serves over 300 deaf  
and hard-of-hearing children, birth through twelfth  
grade, from 124 school districts and 44 counties across  
Pennsylvania. WPSD is the largest comprehensive center  
for deaf education in the state.

## ■ South Carolina

**The University of South Carolina Speech  
and Hearing Research Center,** 1601 St. Julian  
Place, Columbia, SC 29204 • (803) 777-2614 (voice) •  
(803) 253-4143 (fax) Center Director: Danielle Varnedoe,  
daniell@mailbox.sc.edu • The center provides audiology  
services, speech-language therapy, adult aural rehabilitation  
therapy, and Auditory-Verbal Therapy. Our audiology  
services include comprehensive diagnostic evaluations,  
hearing aid evaluations and services, and cochlear implant  
evaluations and programming. The University also  
provides training program for AVT therapy and cochlear  
implant management for professional/university students.  
Additional contacts for the AVT or CI programs include  
Wendy Potts, CI Program Coordinator (803-777-2642),  
Melissa Hall (803-777-1698), Nikki Herrod-Burrows (803-  
777-2669), Gina Crosby-Quinatao (803) 777-2671, and  
Jamy Claire Archer (803-777-1734).

## ■ South Dakota

**South Dakota School for the Deaf (SDSD),**  
2001 East Eighth Street, Sioux Falls, SD 57103 - 605-  
367-5200, ext 103 (V/TTY) - 605-36705209 (Fax)  
[www.sdsd@sdbor.edu](http://www.sdsd@sdbor.edu) (website). Marjorie Kaiser, Ed.D.,  
Superintendent. South Dakota School for the Deaf  
(SDSD) serves children with hearing loss by offering  
the Bilingual Program located in the Harrisburg Public  
Schools, with the Auditory Oral Program located at  
Fred Assam Elementary and Brandon Elementary  
with the Brandon Valley School District, and through  
its Outreach Program. Academic options include a  
Bilingual Program offering American Sign Language  
with literacy in English preschool through twelfth grade  
and an Auditory/Oral Program for students using  
listening, language and speech for preschool through  
fifth grade. SDSD utilizes curriculum specific to  
meeting the needs of individual students with the goal of  
preparing students to meet state standards. Instructional  
support in other areas is available as dictated by the  
IEP, speech-language pathology, auditory training, dual  
enrollment and special education.

Outreach Consultants provides support to families across  
the state with newborns and children through the age  
of three while continuing to work with the families and  
school district personnel of children through age 21 who  
may remain in their local districts. Any student in South  
Dakota with a documented hearing loss may be eligible  
for services through Outreach, Bilingual or Auditory  
Oral Programs including complete multidisciplinary  
assessments.

## ■ Tennessee

**Memphis Oral School for the Deaf,** 7901  
Poplar Avenue, Germantown, TN 38138 • 901-758-  
2228 (voice) • 901-531-6735 (fax) • [www.mosdkids.org](http://www.mosdkids.org)  
(website) • [tschwartz@mosdkids.org](mailto:tschwartz@mosdkids.org) (email). Teresa  
Schwartz, Executive Director. Parent-infant program,  
auditory/oral day school (ages 2 to 6), speech-language  
and cochlear implant therapy, mainstream services.

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

## ■ Texas

**Bliss Speech and Hearing Services, Inc.,**  
12700 Hillcrest Rd., Suite 207, Dallas, TX 75230 •  
972-387-2824 • 972-387-9097 (fax) • [blisspeech@aol.com](mailto:blisspeech@aol.com) (e-mail) • Brenda Weinfeld Bliss, M.S.,  
CCC-SLP/A, Cert. AVT®. Certified Auditory-Verbal  
Therapist® providing parent-infant training, cochlear  
implant rehabilitation, aural rehabilitation, school  
visits, mainstreaming consultations, information, and  
orientation to deaf and hard-of-hearing children and  
their parents.

**Callier Center for Communication  
Disorders/UT Dallas - Callier-Dallas Facility**  
1966 Inwood Road, Dallas, TX, 75235 • 214-905-3000  
(voice) • 214-905-3012 (TDD) • Callier-Richardson  
Facility: 811 Synergy Park Blvd., Richardson, TX,  
75080 • 972-883-3630 (voice) • 972-883-3605 (TDD) •  
[cipiloto@utdallas.edu](mailto:cipiloto@utdallas.edu) (e-mail) • [www.callier.utdallas.edu](http://www.callier.utdallas.edu)  
(website). Nonprofit Organization, hearing evaluations,  
hearing aid dispensing, assistive devices, cochlear  
implant evaluations, psychology services, speech-  
language pathology services, child development program  
for children ages six weeks to five years.

**The Center for Hearing and Speech,** 3636  
West Dallas, Houston, TX 77019 • 713-523-3633  
(voice) • 713-874-1173 (TTY) • 713-523-8399 (fax) -  
[info@centerhearingandspeech.org](mailto:info@centerhearingandspeech.org) (email)  
[www.centerhearingandspeech.org](http://www.centerhearingandspeech.org) (website) CHS  
serves children with hearing impairments from birth  
to 18 years. Services include: auditory/oral preschool;  
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.

**Denise A. Gage, MA, CCC, LSLS Cert. AVT -  
Certified Auditory-Verbal Therapist, Speech-  
Language Pathologist** - 3111 West Arkansas  
Lane, Arlington, TX 76016-0378 - 817-460-0378  
(voice) - 817-469-1195 (fax) - [denise@denisegage.com](mailto:denise@denisegage.com)  
(email) - [www.denisegage.com](http://www.denisegage.com) (website). Over twenty-  
five years experience providing services for children  
and adults with hearing loss. Services include: cochlear  
implant rehabilitation, parent-infant training, individual  
therapy, educational consultation, onsite and offsite Fast  
ForWord training.

**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 (pre-school through fifth grade on campus and  
in mainstream settings), Habilitative Services, Speech  
Language Pathology, Counseling, and Assessment  
Services. Pre- and post-cochlear implant assessments  
and habilitation. Accredited by the Southern Association  
of Colleges and Schools Council on Accreditation and  
School Improvement, OPTIONschools International, and  
is a Texas Education Agency approved non-public school.  
For more information visit [www.sunshinecottage.org](http://www.sunshinecottage.org)

## ■ Utah

**Sound Beginnings at Utah State University,**  
1000 Old Main Hill, Logan, UT 84322-1000 •  
435-797-9235 (voice) • 435-797-7519 (fax) • [www.soundbeginnings.usu.edu](http://www.soundbeginnings.usu.edu)  
(email) • Kristina Blaiser, Ph.D., CCC-SLP, Sound  
Beginnings Director [todd.houston@usu.edu](mailto:todd.houston@usu.edu) (email) • K. Todd Houston, Ph.D., CCC-SLP, LSLS Cert. AVT,  
Graduate Studies Director. A comprehensive auditory  
learning program serving children with hearing loss  
and their families from birth through age five; early  
intervention services include home- and centerbased  
services, parent training, toddler group, pediatric  
audiology, tele-intervention and individual therapy for  
children in mainstream settings. The preschool, housed  
in an innovative public lab school, provides classes  
focused on the development of listening and spoken  
language for children aged three through five, parent  
training, and mainstreaming opportunities with hearing  
peers. The Department of Communicative Disorders  
and Deaf Education offers the interdisciplinary Auditory  
Learning and Spoken Language graduate training  
program in Speech-Language Pathology, Audiology,  
and Deaf Education that emphasizes auditory learning  
and spoken language for young children with hearing  
loss. Sound Beginnings is a partner program of the Utah  
School for the Deaf and Blind.

**Utah Schools for the Deaf and the Blind  
(USDB),** 742 Harrison Boulevard, Ogden UT 84404  
- 801-629-4712 (voice) 801-629-4701 (TTY) - [www.usdb.org](http://www.usdb.org) (website). USDB is a state funded program for  
children with hearing loss (birth through high school)  
serving students in various settings including local  
district classes and direct educational and consulting  
services throughout the state. USDB language and  
communication options include Listening and Spoken  
Language. USDB has a comprehensive hearing  
healthcare program which includes an emphasis  
on hearing technology for optimal auditory access,  
pediatric audiological evaluations, and cochlear implant  
management. Services also include Early Intervention,  
full-day preschool and Kindergarten, intensive day  
programs, and related services including speech/  
language pathology and aural habilitation.

### ■ Wisconsin

#### **Center for Communication, Hearing &**

**Deafness**, 10243 W. National Avenue, West Allis, WI 53227 414-604-2200 (Voice) 414-604-7200 (Fax) [www.cdh.org](http://www.cdh.org) (Website) Amy Peters Larios, M.A., CC-A, LSLS Cert. AVT, as well as five LSLS Cert. AVEds. Nonprofit agency located in the Milwaukee area provides comprehensive auditory programming to individuals with hearing loss, from infants to the elderly. The Birth to Three program serves children from throughout Southeastern Wisconsin, including education in the home, toddler communication groups, and individual speech therapy. AV Therapy is also provided to school age children locally as well as through an interactive long-distance therapy program. Pre- and post-cochlear implant training is provided for adults and communication strategies and speech reading is offered to individuals as well as in small groups.

### ■ INTERNATIONAL

#### ■ Australia

**The Shepherd Centre**, 391-401 Abercrombie Street, Darlington, NSW, Australia 2012 • (voice) 61 2 9351 7888 • (TTY) 61 2 9351 7881 • (website) [www.shepherdcentre.com.au](http://www.shepherdcentre.com.au). Helping children who are deaf and hearing impaired and their families since 1970. An early intervention and cochlear implant program for families of children between birth-6yrs with all levels of hearing loss to develop spoken language working with a team of Auditory-Verbal Therapists, Audiologists, and Family Therapists. Centre based one-on-one sessions, preschool and child care visits, home visits, babies, toddler and school readiness group sessions, playgroup, parent information sessions, standardized/formal speech and language assessments, professional seminar series, New Families programs, internal and external AVT mentoring programs, Cochlear Implant program in conjunction with the Sydney Children's Hospital. Intensive workshop programs and distance services for families from regional Australia and overseas.

#### **Telethon Speech & Hearing Centre for Children WA (Inc)**

36 Dodd Street, Wembley WA 6014, Australia • 61-08-9387-9888 (phone) • 61-08-9387-9888 (fax) • [speech@tsh.org.au](mailto:speech@tsh.org.au) • [www.tsh.org.au](http://www.tsh.org.au) • Our oral language programs include: hearing impairment programs for children under 5 and school support services, Talkabout program for children with delayed speech and language, audiology services, Ear Clinic for hard to treat middle ear problems, Variety WA Mobile Children's Ear Clinic, newborn hearing screening and Cochlear Implant program for overseas children.

#### ■ Canada

**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](mailto:info@montrealoralschool.com) (email) • [www.montrealoralschool.com](http://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, cochlear implant and other support services.

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# DIRECTORY OF SERVICES

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

**VOICE for Hearing Impaired Children**, 161 Eglinton Avenue, East, Suite 704, Toronto, Ontario, Canada, M4P 1J5 • [info@voicefordeafkids.com](mailto:info@voicefordeafkids.com) • 866-779-5144 (Toll Free) • [www.voicefordeafkids.com](http://www.voicefordeafkids.com) (website) • VOICE for Hearing Impaired Children is a Canadian pediatric hearing association for children with hearing loss whose parents have chosen to help them learn to HEAR, LISTEN and SPEAK. VOICE provides parent support, parent guide publications, advocacy and an auditory-verbal therapy and mentorship training program. VOICE is the largest organization in Canada supporting children with hearing loss and their families. In addition to its parent mentor program, regular parent group meetings and educational workshops, the VOICE Auditory-Verbal Therapy Program offers the expertise of 18 certified Auditory-Verbal Therapists. The VOICE annual conference is held in Ontario, Canada, the first weekend in May, attracting as many as 300 parents and professionals. A popular family summer camp near Toronto, Canada, is enjoyed by VOICE members annually in August. A complimentary first-year VOICE membership is available to parents and professionals.

## ■ England

**The Speech, Language and Hearing Centre – Christopher Place**, 1-5 Christopher Place, Chalton Street, Euston, London NW1 1JF, England • 0114-207-383-3834 (voice) • 0114-207-383-3099 (fax) • [info@speechlang.org.uk](mailto:info@speechlang.org.uk) (email) • [www.speech-lang.org.uk](http://www.speech-lang.org.uk) (website) • Assessment, nursery school and therapeutic centre for children under 5 with hearing impairment, speech/language or communication difficulties, including autism. • We have a Child Psychologist and a Child Psychotherapist. • Auditory-Verbal Therapy is also provided by a LSLS Cert. AVT.

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# New Items for Listening and Spoken Language Development

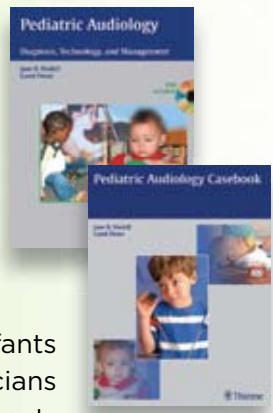
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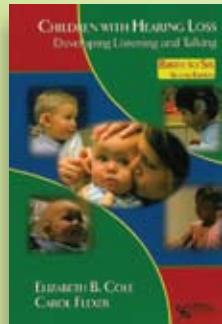
*Edited by Jane Madell, Ph.D., CCC-A/SLP, LSLS Cert. AVT, and Carol Flexer, Ph.D., LSLS Cert. AVT*

*Pediatric Audiology* and the companion *Pediatric Audiology Casebook* are now available in the AG Bell Bookstore. These books provide practical "how-to" reference guides for the diagnosis and technological and educational management of infants and children with hearing disorders. Master clinicians provide step-by-step descriptions of testing and treatment protocols, and a DVD included with the text features videos of the various pediatric behavioral assessments. The casebook is a compendium of 69 key cases, covering everything from basic and complex diagnostic cases, to hearing aid technology, vestibular issues, and the management of auditory development.



## **Children with Hearing Loss: Developing Listening and Talking, Birth to Six**

*Written by AG Bell members Elizabeth Cole, Ed.D., CCC-A, LSLS Cert. AVT, and Carol Flexer, Ph.D., LSLS Cert. AVT*



"*Children with Hearing Loss: Developing Listening and Talking*" is now available from the AG Bell Bookstore. This second edition covers the most current and up-to-date information about hearing, listening, spoken language development and intervention for young children with hearing loss who are learning to listen and talk. It is unique in its scholarly and thoroughly readable style. Numerous illustrations, charts and graphs illuminate key ideas, including the nine domains of listening and spoken language outlined by the AG Bell Academy for Listening and Spoken Language. Visit [www.agbell.org/bookstore](http://www.agbell.org/bookstore) to learn more and purchase today.

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**To access P.A.T. in both English and Spanish, visit [www.agbell.org](http://www.agbell.org). Registration is required.**

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AG Bell now offers expert responses to your questions through its partnership with Bruce Goldstein and his associates at Goldstein, Ackerhalt & Pletcher, LLP. Families are welcome to contact AG Bell if they need additional information to assist with their child's IEP, or access and rights to special education accommodations under the Individuals with Disabilities Education Act, Americans with Disabilities Act (ADA) or Section 504 of the Rehabilitation Act. Prior to submitting your question, families are encouraged to complete the P.A.T. online course; answers to many common questions can be found within the course content. To submit your question or take the course, visit the P.A.T. program online at [www.agbell.org](http://www.agbell.org).