

GUIDE TO EARLY INTERVENTION AT-A-GLANCE: CHILDREN WITH HEARING LOSS, AGES BIRTH TO 3

KEY: CI = Cochlear Implant EI = Early Intervention Dx = Diagnostic
 HA = Hearing Aid HL = Hearing Loss DHH = Deaf/Hard of Hearing

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AGE:	Birth to 3 Months	3 - 6 Months	6 - 9 Months	9 - 12 Months	12 - 18 Months	18 - 24 Months	24 - 30 Months	30 - 36 Months
Developmental Task:	Young Infants: Security & Trust		Mobile Infants: Exploring the World From a Secure Home Base			Older Infants & Toddlers: Independence & Sense of Self		
Benchmarks:	For infants who "refer," Dx audiological by 3 mos.	For infants w/HL, referral to EI by 6 mos.	Family has access to appropriate EI services.	Family's needs for info on hearing loss, support are met.	Child's first words (spoken and/or signed) emerge.	By age 2, child has at least 50 words (spoken, signed).	Child's vocabulary grows; routinely combines words; new semantic relations.	Child's vocabulary > 300 words. Family confident in ability to meet child's needs.
Family Needs May Include:	Establishing "normalcy," bonding. Getting information about impact of hearing loss, hearing aids (HAs). Parent-to-parent support. Funding, transportation for hearing tests. Meeting basic family needs.		Family counseling, sib support, enjoying infant and family, parent-to-parent support. Information on child, language, auditory development and impact of hearing loss. Involvement in Deaf Mentor program; exposure to fluent sign language models. Developing comfort and competency with child's technology (e.g., HAs, CIs).			Families search out opportunities for children's play groups for child who is deaf/hh and hearing siblings; parent-to-parent support; parent training, conferences, & community events. Planning for transition to Part B (preschool) begins at least 6 months prior to child's third birthday.		
Funding Needs:	Help w/ transportation, funding of Dx audiology.	Funding for HAs (e.g., Insurance, Medicaid, Part C).	Transportation, audiology services, ear molds.	Medical services for establishing cochlear implant (CI) candidacy.	Funding for cochlear implant (insurance, Medicaid).	Same, plus: batteries, FM system if indicated.		
Auditory:	Sorting out hearing screening results. Where to refer for Dx audiology?	Audiological assessments, hearing aid fitting. Observing infant's responses w/HAs.	Monitor responses to sounds, speech with HAs. Baby should alert to speech. CI eligibility?	Play-based aural habilitation; monitor aided responses.* Baby begins to recognize sounds/words w/o gestures.	Baby recognizes several words without gestures; points to pictures.	Toddler follows simple spoken commands; understands some verbs without gestures.	Understands descriptors; participates in stories; responds to simple questions.	
Technology:		Hearing aids fitted no later than age 6 mos.	Infant/family adapts to HAs.	Adjust HAs, make new ear molds as needed as child grows.	CI surgery and mapping may occur for eligible infants.	Hearing is evaluated with and w/o hearing aids, on a regular schedule.	FM system may be considered for use at home and preschool.	
Child Communication & Language Benchmarks (All Modalities):	Eye contact, cries, smiles, coos, conversational turn taking, imitation.	Conversational turn-taking. Babbling (speech, signing) begins. Enjoys baby games (e.g., peek-a-boo, so big).	Onset of intentional communication (8-12 mo.); interest in objects. Babbling, vocal play. Joint attention w/adult to an object or activity.	Follows direction of point. Uses conventional gestures: showing, giving, pointing, waving bye-bye. Enjoys picture books, games.	Understands own name. First true words emerge (spoken, signed), w/ avg 7-15 words by 16 mo. One word may stand for whole message.	By age 2, at least 50 words. Combines words in telegraphic sentences. Vocabulary increases quickly.	Vocabulary increases; word combinations express a variety of semantic relations; asks and answers simple Wh- questions.	Pronunciation (speech, signs) evolves. More mastery of grammatical rules; more complex syntax and semantic knowledge.
Medical & Developmental:	Medical issues take priority and are managed.	Developmental assessment; IFSP written to address child and family outcomes.	Family referred for genetic counseling. Infant may receive PT, OT, other EI services as needed. Eligibility for cochlear implant (CI) may be underway as complete audiological info is gained and responses with HAs are monitored.		CI surgery may take place; mapping of CI, follow-up therapy.	Regular well child checks.	Regular well child checks.	Regular well child checks.
Sample Family Outcomes*:	"We want to learn about hearing loss so we can communicate with Sam." "We want to have hearing aids on Sam as soon as possible."	"We want to know how to communicate so we can bond with Sam." "We want Sam to listen."	"Sam will keep his HAs on." "I want Sam to begin to babble with his voice." "We want to meet adults who are Deaf or Hard of Hearing."	"We want Sam to learn to sign." "We want to explore if a cochlear implant will help Sam." "We want to talk with other families of kids who are deaf."	"We want Sam to use his cochlear implant effectively." "We want Sam to develop a basic vocabulary so he can express his wants during meals."	"We want Sam to be able to play with and communicate with kids his age." "Sam will sign and/or talk in short sentences."	"We want to know how to read books with Sam." "We need to know how to approach potty training." "We need help with some behavior issues!"	"Sam can tell us about his dreams and nightmares." "Sam will know his alphabet, colors and count to ten like his brothers did."
Sample Family Strategies**:	Parents will learn about hearing loss, implications for language learning.	Parents will identify infant's communication cues in one-on-one interactions.	Parents will learn about strategies for helping Sam wear his hearing aids consistently.	Family will participate in sign instruction through weekly home visits, DVDs, and Deaf Mentor visits.	Families will partner with CI program/audiologist to learn their role in supporting Sam post-CI surgery.	Family will start attending toddler group with Sam and his big brother (age 3).	Parents will learn strategies for reading books with Sam, using ASL and speech.	Parents will make an effort to understand child's intent; help child become a self confident communicator.
<i>(These sample strategies correspond to SKI-HI topics that an EI provider might cover to address families' priorities and outcomes.)</i>	Parents will respond to baby's initiations; use facial expression.	Parents will learn parts of their child's hearing aids; how to do a listening check.	Parents will learn to use "motherese" and reinforce Sam's early vocal play.	Parents will be given information about cochlear implants and eligibility criteria.	Sam's family will learn the importance of daily routines for learning language.	Parents will expand Sam's one-word signed/spoken utterances.	Parents will learn how to communicate effectively around potty training.	Parents use language strategies to promote child's development of "theory of mind."
	Parents will learn about hearing aids for babies aged birth to 12 months.	Family will learn how to create an environment for "listening" and sound awareness.	Family will meet several adults who are DHH through a panel and Deaf Mentor Program.	Sam's parents will come to weekly parent groups when able, and will call "Guide By Your Side."	Family will learn how to use both ASL and spoken English in a BI-BI approach.	Parents will encourage and engage in back-and-forth communication interaction.	Parents will learn strategies for positive discipline.	Parents will learn how to help their child develop pre-academic skills.