

Road Map to Services



Misty and Kim



Where to start and which way to go



Why?



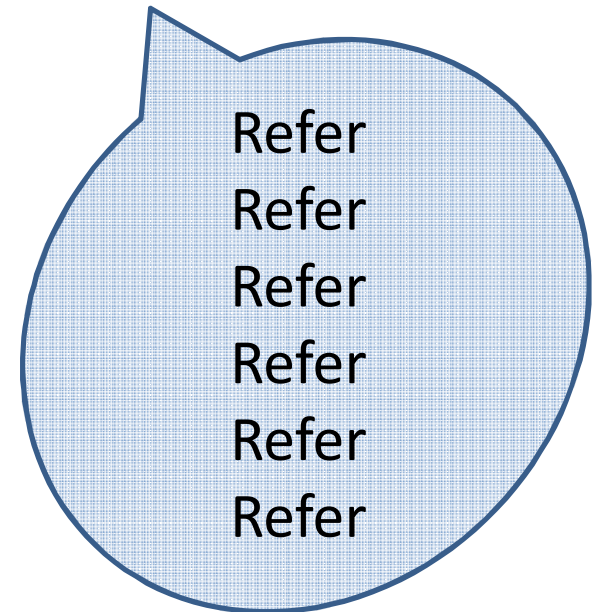
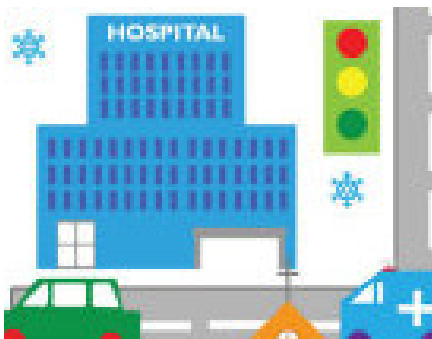


Learning About the Diagnosis

Pass

or

Refer





Who gives the Diagnosis



Florida's Newborn Screening Program

[850-245-4201](tel:850-245-4201) CMS_NBS@doh.state.fl.us

Mailing Address

4052 Bald Cypress Way, Bin A06

Tallahassee, FL 32399

<http://www.floridahealth.gov/healthy-people-and-families/childrens-health/newborn-screening/nbs-hear.html>

A graphic of a winding asphalt road with white dashed lines, curving from the left towards the right. A yellow rectangular box is overlaid on the road, containing text.

Florida Resource
Guide for Families
of Young Children
with Hearing Loss

<http://www.floridahealth.gov/healthy-people-and-families/childrens-health/newborn-screening/documents/hearing-guide-english.pdf>

Bedside Manner Professionals

Types of Hearing Tests

<i>Name of Test</i>	<i>Procedure</i>	<i>Format of Results</i>	<i>Age Appropriate</i>
Auditory (Brainstem) Evoked Response (called ABR or AER) or Auditory Steady State Response (ASSR)	<ul style="list-style-type: none"> Requires no voluntary response from child Response is measured by electrodes on scalp Sounds are presented through earphones Estimate of hearing level by determining the softest sounds that produce measurable brain response 	Wave form that indicates response of the auditory nerve (CN VIII)	<ul style="list-style-type: none"> Infants under 3 months without sedation Infants and toddlers over 3 months, sedation is typically used
Otoacoustic Emissions (OAE)	<ul style="list-style-type: none"> Requires no voluntary response from child Response is measured by a small probe in the ear canal Sounds are presented through the same probe Does not determine severity of hearing loss Does confirm presence of permanent hearing loss 	Graph displaying response of inner ear	<ul style="list-style-type: none"> Newborns, infants, toddlers, older children. No sedation is required Child must be still & quiet for up to one minute
Immittance Measures	<ul style="list-style-type: none"> No response is required from the child Response is measured by a probe placed in child's ear canal Sounds are presented through the same probe A computer measures how the eardrum responds to different air pressures Does not measure hearing loss-indicates if infection or middle ear fluid behind the eardrum may be present 	Graph of response of eardrum to changes in air pressure	<ul style="list-style-type: none"> Infants (at least 5 months old), toddlers, and older children. No sedation is required Infants under 5 months old only if high frequency sound is used

<i>Name of Test</i>	<i>Procedure</i>	<i>Format of Results</i>	<i>Age Appropriate</i>
Behavioral Observation Audiometry (BOA)	<ul style="list-style-type: none"> Requires an unconditioned response from a child -- eye widening; sucking start or stop Conducted in a soundproof booth Sounds from an audiometer are presented through insert earphones or loud speakers (tones of varied pitch and loudness, speech, etc.) Estimates the degree of hearing loss 	Audiogram -- quietest levels at which child appears to detect sounds at the different pitches tested	<ul style="list-style-type: none"> Younger than 6 months of age. Should be used in conjunction with ABR, OAE and Immittance Measures to verify a hearing loss is present
Visual Reinforcement Audiometry (VRA)	<ul style="list-style-type: none"> Requires a conditioned response (looking at a lighted toy) Conducted in a soundproof booth Sounds presented via loudspeakers, insert earphones, or a small vibrator on the skull bone are varied in loudness and pitch by an audiometer Degree of hearing loss is determined 	Audiogram -- softest levels at which child responds to different pitches	<ul style="list-style-type: none"> 6-30 months
Conditioned Play Audiometry (CPA)	<ul style="list-style-type: none"> Requires a conditioned response (throw a ball in a bucket) Conducted in a soundproof booth Sounds presented via loudspeakers, insert phones, earphones, or small vibrator on the skull bone are varied in loudness and pitch by an audiometer Degree of hearing loss is determined 	Audiogram - softest levels at which child responds to different pitches	<ul style="list-style-type: none"> At least 18 months

Welcome to HOLLAND!

I am often asked to describe the experience of raising a child with a disability - to try to help people who have not shared that unique experience to understand it, to imagine how it would feel. It's like this...

When you're going to have a baby, it's like planning a fabulous vacation trip - to Italy. You buy a bunch of guide books and make your wonderful plans. The Coliseum. The Michelangelo David. The gondolas in Venice. You may learn some handy phrases in Italian. It's all very exciting.

After months of eager anticipation, the day finally arrives. You pack your bags and off you go. Several hours later, the plane lands. The stewardess comes in and says, "Welcome to Holland."

"Holland?!?" you say. "What do you mean Holland?? I signed up for Italy! I'm supposed to be in Italy. All my life I've dreamed of going to Italy."

But there's been a change in the flight plan. They've landed in Holland and there you must stay.

The important thing is that they haven't taken you to a horrible, disgusting, filthy place, full of pestilence, famine and disease. It's just a different place.

So you must go out and buy new guide books. And you must learn a whole new language. And you will meet a whole new group of people you would never have met.

It's just a different place. It's slower-paced than Italy, less flashy than Italy. But after you've been there for a while and you catch your breath, you look around.... and you begin to notice that Holland has windmills....and Holland has tulips. Holland even has Rembrandts.

But everyone you know is busy coming and going from Italy... and they're all bragging about what a wonderful time they had there. And for the rest of your life, you will say "Yes, that's where I was supposed to go. That's what I had planned."

And the pain of that will never, ever, ever, ever go away... because the loss of that dream is a very very significant loss.

But... if you spend your life mourning the fact that you didn't get to Italy, you may never be free to enjoy the very special, the very lovely things ... about Holland.

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My Daughter has a diagnosis now...

 What does this mean?

 What do I do now?

 Who can help me with my questions?





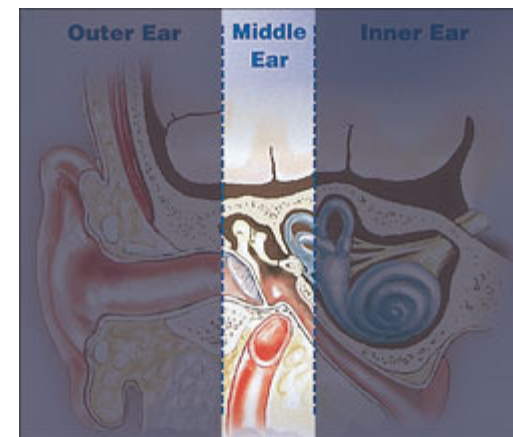
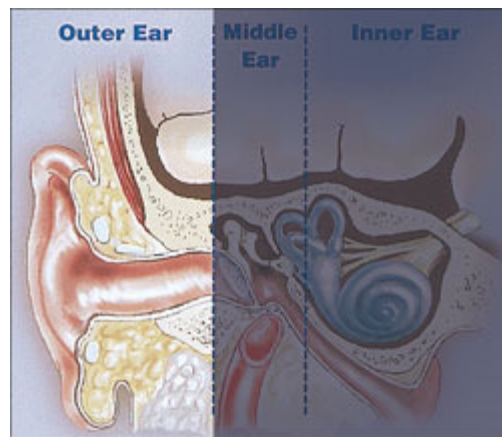
“Your early intervention team will help you better understand the exact medical diagnosis and will discuss amplification options and communication modalities.”



Hearing loss can be categorized by which part of the auditory system is damaged. There are three basic types of hearing loss: conductive hearing loss, sensorineural hearing loss, and mixed hearing loss

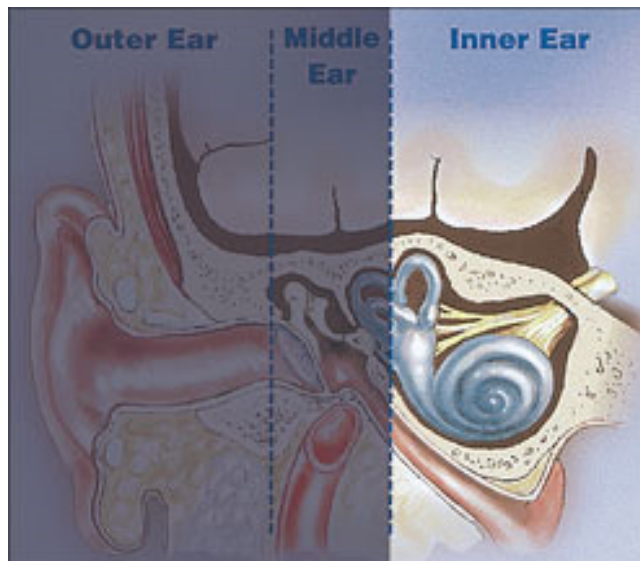
Conductive Hearing Loss

Conductive hearing loss occurs when sound is not conducted efficiently through the [outer ear](#) canal to the eardrum and the tiny bones (ossicles) of the [middle ear](#). Conductive hearing loss usually involves a reduction in sound level or the ability to hear faint sounds. This type of hearing loss can often be corrected medically or surgically.



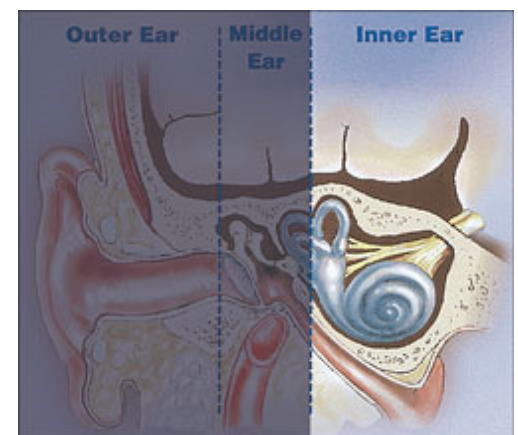
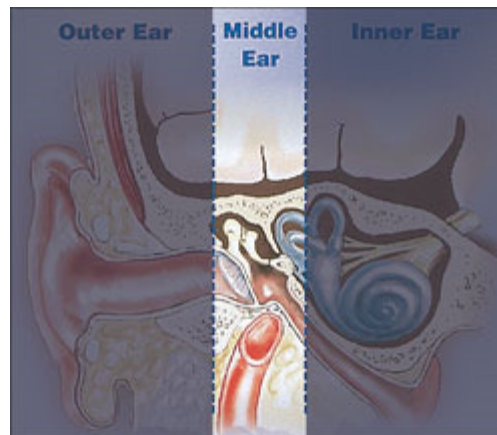
Sensorineural Hearing Loss

Sensorineural hearing loss (SNHL) occurs when there is damage to the inner ear (cochlea), or to the nerve pathways from the inner ear to the brain. Most of the time, SNHL cannot be medically or surgically corrected. This is the most common type of permanent hearing loss. SNHL reduces the ability to hear faint sounds. Even when speech is loud enough to hear, it may still be unclear or sound muffled.



Mixed Hearing Loss

Sometimes a [conductive hearing loss](#) occurs in combination with a [sensorineural hearing loss](#) (SNHL). In other words, there may be damage in the [outer](#) or [middle ear](#) and in the [inner ear](#) (cochlea) or auditory nerve. When this occurs, the hearing loss is referred to as a *mixed* hearing loss.



Jargon and acronyms every where!
How am I supposed to know what all of this means?



SKI-HI

HH



ASL

SHINE

PA

ADA

IDEA

ST

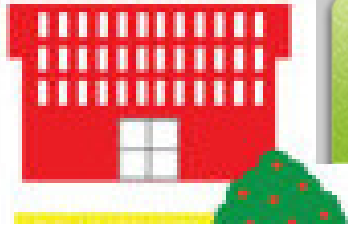
ESE

IEP



EHDI

IFSP



Children's Medical Services

Special services for children with special needs

<http://www.floridahealth.gov/AlternateSites/CMS-Kids/>

Children's Medical Services (CMS), a collection of programs for eligible children with special needs. Each one of our programs and services are family-centered and designed to help children with a variety of conditions and needs.

Medical Services

“here to provide a broad range of medical, therapeutic and supportive services for eligible children with special health care needs and their families. Our services focus on helping your child grow up healthier and include prevention and early intervention services, primary care, medical and therapeutic specialty care, and long term care.”

THIS INCLUDES HEARING AIDES, IMPLANTS, AND MOLDS

Developmental Services - Florida's Early Steps System

“early intervention system that offers services to eligible infants and toddlers (birth to thirty-six months) with significant delays or a condition likely to result in a developmental delay.”





early steps

Early Steps believes in partnership with families and provides families and caregivers with training and support to increase learning opportunities for children in their natural environment.

REFERRAL

FIRST CONTACTS: [Child Screening](#) and [Family Assessment](#)

CHILD EVALUATION AND ASSESSMENT

INITIAL INDIVIDUALIZED FAMILY SUPPORT PLAN

SERVICE DELIVERY IN EVERYDAY ROUTINES, ACTIVITIES, AND PLACES

PERIODIC UPDATES AND MONITORING

ANNUAL REVIEW OF THE IFSP

TRANSITION



A service coordinator is the person who helps organize how the services and supports listed on your Individualized Family Support Plan (IFSP) will be provided. The Family Resource Specialist is a resource for families served through the local Early Steps and serves as a community link to support family centered efforts and activities within the local Early Steps.

IFSP: represents a family-centered planning process that results in a written plan describing the outcomes the family would like to see achieved, the services and supports for the child and family, and the coordination of these services and supports.



PARENT INFANT PROGRAM

DEAF/HARD OF HEARING

ABOUT US :::

The Parent Infant Program at the Florida School for the Deaf and the Blind offers a family-centered program for children ages 0-5 who are Deaf/Hard of Hearing and/or Blind/Visually Impaired. Services are provided in the family's natural environment and during daily routines. Our services are available at no cost to Florida families who have young children with a documented hearing loss or a bilateral vision loss.

SERVICES PROVIDED :::

Families are paired with a certified professional called a Parent Advisor. A Parent Advisor has received training specific to Hearing and/or Vision loss and working with young children and their families. Through regular visits, the Parent Advisor addresses the family's concerns and helps determine priorities. Together - families, caregivers and Parent Advisors share information, discuss ideas and adaptations, and monitor the child's progress. The purpose is to enhance each family's ability to encourage their child to become a participating family member and a part of the larger community.

DEAF/HARD OF HEARING ::: PROGRAM

The program emphasis is on language development, communication options, understanding hearing aids, cochlear implants, literacy, child development and transition into a school system.

The Parent Infant Program-Deaf/Hard of Hearing uses the internationally known SKI-HI curriculum which supports families by offering unbiased information. We respect and support all communication methods used with children who are Deaf/Hard of Hearing.

Services are offered statewide.

For more information, contact:

Jennifer Cato: Coordinator, Parent Infant Program-Deaf/Hard of Hearing
904.827.2437 904.201.4581 VP

Clarke provides deaf and hard of hearing children with the listening, learning and spoken language skills they need to succeed. Annually, more than 800 children and their families benefit from programs and services at the five campus locations.



info@clarkeschools.org

- **Birth to 3 Programs - It's Never Too Early to Start**

Parents discover how to enrich their baby's life with meaningful sound and language through personalized family sessions, collaborative services and parent groups.

- **Preschool/Kindergarten - Learning as a Family**

Stimulating classroom activities enhance children's listening, speech, language and pre-literacy skills while fostering their social, emotional, cognitive, physical and creative development.

- **Primary Program - Nurturing Active Learning**

Clarke has shaped its primary curriculum with the goal of helping our students become active listeners, learners and speakers.

Clarke is a listening and spoken language program, which means that we teach children to listen and speak, rather than use sign language.



“What’s Your Communication Plan”



- Everyone wants to know
- It’s what drives the bus for daily interactions and services
- This sounds like a lifelong commitment

This is a family choice!



Communication modalities

- ❑ American Sign Language
- ❑ Auditory-Oral
- ❑ Auditory-Verbal
- ❑ Cued speech
- ❑ Total Communication



Assistive technology hearing aid, implants, nothing at all



Children's Medical Services

Special services for children with special needs

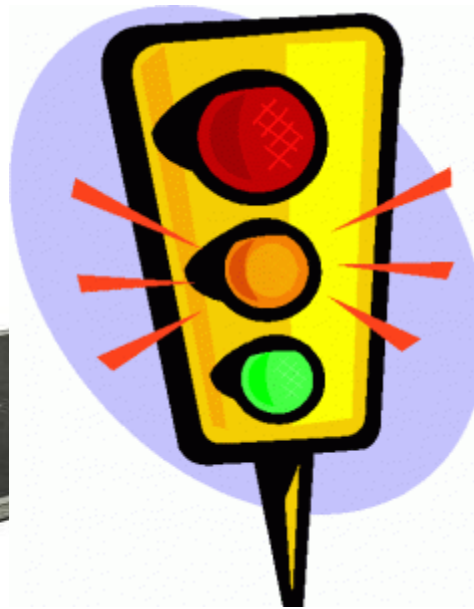


early steps

<http://www.asha.org/public/coverage/p4AudFundingResources/>



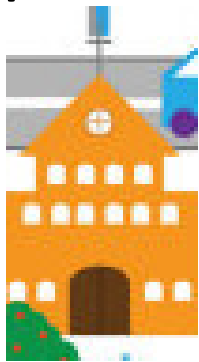
Ready, Set, GO



Early Intervention services provide families and caregivers with the resources and supports needed to get ready for kindergarten and to participate as part of the community.

WE ARE A COMMUNITY

- Outreach to church, daycare, family, playground
- Communication Strategies: Sign language classes
- Meeting other families/ networking with professionals





Time for School



Florida Department of **EDUCATION**

Exceptional Student Education (ESE)

<http://www.fldoe.org/default.asp>

The Bureau of Exceptional Education and Student Services supports school districts and others in their efforts to provide exceptional student education programs for students ages 3 - 21 who have disabilities and students who are gifted.



Transition Meeting

Transition Planning for Students with Disabilities: A Guide for Families

<http://www.fldoe.org/ease/pubxhome.asp#t>



Florida Diagnostic The Florida Diagnostic & Learning Resources System (FDLRS)

<http://www.fdlrs.org/child-find.html>

FDLRS Child Find, in coordination with the school districts, locates children who are potentially eligible for services under the Individuals with Disabilities Act (IDEA) and links them with needed services.





Life is a journey, not a destination

