Role of the Hearing Specialist

A deaf/hard of hearing specialist should be a team member as soon as the child has a diagnosis of a hearing loss from an audiologist or Ear, Nose and Throat doctor. Their primary focus is ***access*** *to language. Children with hearing loss are more likely to have language delays. It is never too early. When a child's hearing loss is identified soon after birth, families and professionals can make sure the child gets intervention services at a very early age. This will help the child build communication and language skills using his or her best abilities.*

Types of Hearing Loss: (without hearing technology)

- Conductive: Affects the outer and or middle ear. The sound is clear but volume is insufficient. (Examples: child has no ears (microtia), narrow canals (atresia), ear infections [Chronic Otitis Media])
- Sensorineural Hearing Loss: Affects the inner ear (in the cochlea or nerve). The sound is not clear.
- Auditory Dyssynchrony (also called auditory neuropathy): The vith nerve that carries electrical signals to the brain has responses that are dyssynchronous.

Role of the Hearing Specialist

1. Interprets audiological reports and describe what hearing loss means for the child to family and other team members.
2. Assists family members understand terminology related to their child's hearing loss.
3. Provide accurate, unbiased information regarding communication options:
    a. For families considering visual approaches, sign language materials and instruction
    b. For families considering spoken language, listening habilitation and language development
    c. For families considering Deaf Culture/ASL contact with appropriate resources
    d. Support for families in considering these decisions
4. Evaluate the child's communication abilities.
5. Collaborate/consult with other professionals/evaluators on appropriate assessment and interpreting the results for children with hearing loss.
6. Provide support to the family regarding language acquisition and communication development.
7. Provide information and strategies for language access and understanding for the child across all environments.
8. Discuss implications of hearing loss for communication, social-emotional development, literacy, academic learning.
9. Participate in the development of the child's IFSP including Communication Plan.
10. Care and troubleshooting for hearing technology: hearing aids, BAHA bone conduction devices, cochlear implants, personal FM systems (when appropriate).
11. Provide techniques for helping children wear amplification consistently.
12. Provide parents with information on resources relative to hearing loss, parent organizations locally and nationally, contact with other families.
13. Serve as liaison with audiologist re: amplification for the child with parent's permission.

14. Assist in the transition to school including eligibility and specific services and school settings needs.
15. Comprehensive family support that includes emotional support and access to information and resources that will help families become life-long advocates for their children.

The following components should be considered in developing a child's IFSP:

1. Participate in the child's IFSP.
2. Development and inclusion of a Communication Plan.
3. Social Emotional development opportunities that are experienced- and language-based.
4. Cognitive development opportunities that are experienced-based and designed to teach concepts that are acquired primarily through hearing (basic concepts, problem-solving skills).
5. Assist the family in the selection of the child's communication options (without bias) and support to the family in their selection.
6. Model communication for family and team.
7. For families who have chosen ASL or sign, coordinate/provide training, resources, Deaf mentor for family including siblings.