

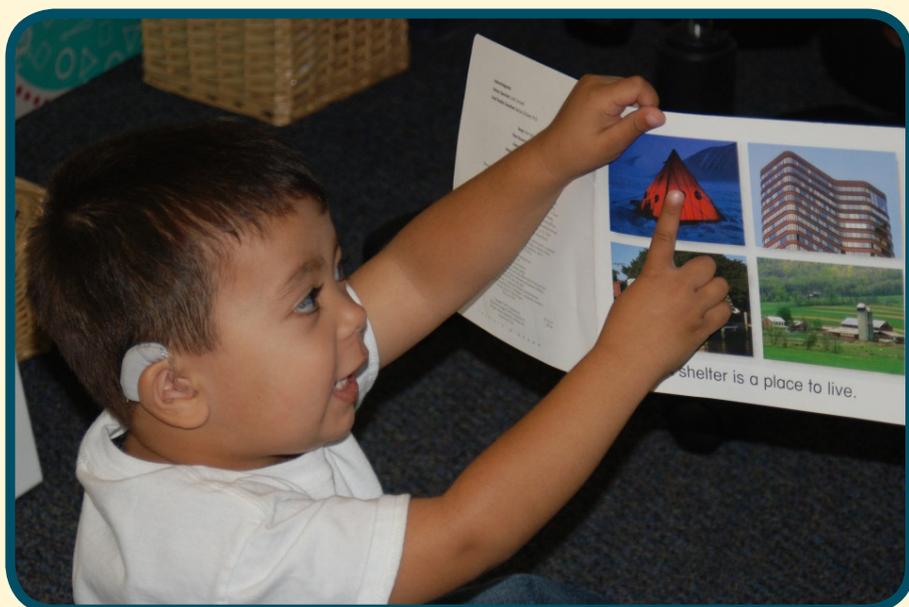
MY BABY HAS A HEARING LOSS



You are not alone...

- How will hearing loss affect my baby?
- How will my baby communicate?
- What is Early Start?
- How does the ear work?
- What are the different types and degrees of hearing loss?
- How will my baby's hearing be tested?
- Will hearing aids help?
- Will sign language help?
- Are there additional resources?

A starting guide
for parents.



CAA
California Academy of Audiology
Hear and Be Heard
www.caaud.org



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Dear Family,

Now that you've learned your child has a hearing loss, you may have many questions. **My Baby Has a Hearing Loss: A Starting Guide for Parents** was written to answer many of your questions and to provide you with basic information about your options. Included are several different sections which will talk about language development, communication, hearing loss, hearing tests, services that may be available to you, and how early intervention can support your child's communication and language development. The appendix includes organizations, websites and resources we hope will be useful as your family takes steps toward helping your child learn and grow.

Sincerely,

California Academy of Audiology



CAA

California Academy of Audiology

Hear and Be Heard

www.caaud.org



Effects of Hearing Loss on Listening and Spoken Language

The earlier a child's hearing levels are identified and early intervention begins, the sooner you can learn skills to enhance your child's ability to learn language and access the world around him/her.

There are four major ways in which hearing loss may impact children:

- It may delay the development of receptive and expressive communication skills (speech and language).
- Speech and language deficits may cause learning problems which can result in reduced academic achievement.
- Communication difficulties often lead to social isolation and poor self-concept.
- Hearing loss may have an impact on future vocational choices.

Typical Spoken Language Development for Birth – 1 year old

Age	Message/Understanding	Communicating/Talking
Birth - 3 mos.	<ul style="list-style-type: none"> • Startles to loud sounds • Recognizes your voice 	<ul style="list-style-type: none"> • Smiles upon seeing you • Makes pleasure sounds (cooing, gooing)
4-6 mos.	<ul style="list-style-type: none"> • Pays attention to music • Responds to changes in tone of your voice 	<ul style="list-style-type: none"> • Babbling using different speech sounds • Vocalizes excitement and displeasure
7 months - 1 year	<ul style="list-style-type: none"> • Recognizes words for common items like "cup," "shoe," "juice" • Begins to respond to requests "Come here," "Want more?" 	<ul style="list-style-type: none"> • Has 1 or 2 words (bye-bye, mama, dada) • Babbling more speech-like (long and short groups of sounds)

Typical Spoken Language Development for 1 - 3 years old

Age	Listening/Understanding	Talking
1-2 years	<ul style="list-style-type: none"> • Points to several body parts such as "toe or tummy" • Follows simple directions ("Roll the ball") 	<ul style="list-style-type: none"> • Asks some questions ("Where's kitty?") • Puts two words together ("No juice, More cookie")
2-3 years	<ul style="list-style-type: none"> • Understands differences in meaning ("Go-stop," "In-on," "Big-little," "Up-down") • Follows 2 step directions ("Get the book and put it on the table") 	<ul style="list-style-type: none"> • Has a word for almost everything • Speech is understood by familiar listeners most of the time.

American Sign Language Development

Babies with hearing loss babble with their hands. Research shows babies who use ASL or other forms of visual communication, such as SEE signs, follow the same developmental milestones as babies who use spoken language.

Developmental Milestones

Birth - 3 mos.	<ul style="list-style-type: none"> • aware of his/her environment • attentive to people's faces • enjoys cuddling • enjoys hand play
3-6 mos.	<ul style="list-style-type: none"> • turns to flashing light (doorbell, phone in Deaf homes) • responds to vibrations • smiles and laughs • makes eye contact with others • enjoys action and movement of people and objects • attracted to signing and hand plays
6-9 months	<ul style="list-style-type: none"> • hand babbling and fingerplays • looks at common objects and family members when signed • understands simple signs
9-12 months	<ul style="list-style-type: none"> • babbles with hands with varied handshapes • points to self and objects • signs first signs using early handshapes
12-18 months	<ul style="list-style-type: none"> • uses approximately 10-20 signs. Deaf babies with Deaf parents range from 10-100 signs. • uses classifiers for objects • uses negation • uses simple yes/no with eyebrows raised and wh-word questions with eyebrows furrowed (correct grammatical usage of ASL questions) • begins combining signs to form 2-sign sentences (more milk) • uses lexicalized spelling where fingerspelling is an actual sign (TV, dog)
18-24 months	<ul style="list-style-type: none"> • vocabulary expands to 20-200 or more signs (Deaf babies with Deaf parents use 40-350 or more signs) • combines two or more signs together • begins to tell stories • loves ASL stories and having stories read (signed) to them • begins conversational turn-taking



Window of Opportunity

One of the most amazing skills your child will learn in his or her lifetime is language. Children with hearing loss communicate in many ways, but just as with hearing children, language development must start when your baby is very young.

Early in life, a baby's brain develops very quickly.

This time is often called a "window of opportunity" for language learning. Most babies use their ears, eyes, and other senses to learn about the world. By watching and listening to others, they learn that actions and sounds have meaning. They also learn to express their feelings and desires by using gestures and sounds. By about 12 months of age, most babies understand a lot of what they hear and see and begin to say a few words.

Babies with hearing loss need special help, right away, to learn to communicate.

Children who get that help before six months of age can often learn language at the same pace children who have normal hearing. They can do well in school and become whatever they want when they grow up. Their success depends on getting timely care from family members and professionals. As a parent, you do not want your child to miss out on anything! Right now is your "window of opportunity." Learn about communication and language and how to get the best help for your baby.

The earlier a child is tested, diagnosed and receives early intervention services, the greater their chances for achieving their personal best.

Advantages of Early Amplification

Your child may be able to benefit from hearing aids or cochlear implants. For children who develop hearing loss before learning to speak, success is more likely if they receive amplification at a young age. These children receive auditory information at a time when their brains are especially ready to learn language. In many cases, when children with hearing loss receive appropriate amplification early enough, their hearing and speech can develop in a manner similar to that of their hearing peers. For children who have had experience hearing and who have lost their hearing later in life, a similar rule applies: the shorter the time period of deafness, the more likely they are to benefit from a hearing aid or cochlear implant. Children using a listening and spoken language communication approach should typically have bilateral/ binaural input - 2 hearing aids, 2 cochlear implants or one hearing aid and one cochlear implant.

How Will My Child Learn To Communicate?



Communication is at the heart of making relationships. Your child will need extra help from you in learning language and communication skills.

As part of the journey, you will learn about different ways your child can learn language. People you meet along the way may have strong opinions that one way is “best.” Here are a few things that scientific and health professionals, educators, and experienced parents usually agree on:

- The earlier hearing loss is identified, the better a child's chances of acquiring language, **whether spoken or signed**, or both.
- Each child is unique. It is important to understand the full nature and extent of a child's hearing loss. It is also important to understand how each family member and caregiver will communicate with the child. Get to know the services that are provided in your community for children in preschool and elementary school.
- Children may benefit from hearing aids or cochlear implants. Children also benefit from early use of sign language and visual input. These are important decisions to discuss with your child's audiologist and other intervention professionals.
- It is important to interact often with your infant with hearing loss by holding, facing, smiling, and responding to your infant from the very beginning. All of the caregivers in your child's life play an important role in helping him or her develop meaningful and joyful interactions. All children, especially young babies, need love, encouragement, and care from their families.

You need to decide for yourself what communication or options are right for your child and family. You are encouraged to read about the different options and talk with professionals and other parents. You should visit early intervention programs and watch how other children, teachers, and parents communicate. Whichever language and communication option or options you choose for your child and family, your commitment to that decision is essential. The skills you learn and commitment you make to use those skills everyday will be the key to your child's language development and success.

Remember, choosing a communication option involves consideration of the child's needs, the family situation, and the educational programs available in the area. If you find that one approach is not working for your child or family, you are encouraged to talk with your audiologist about other possibilities to consider. You have the right and the responsibility to re-evaluate your child's progress and request changes when they are appropriate.

Communication Opportunities and Educational Approaches

The communication option you choose for your child may go hand in hand with his or her eventual educational program. The majority of families of children who have profound hearing loss will choose either a manual (sign language) approach, an auditory (listening and speaking) approach, or a combination of the two for communication and learning.



American Sign Language (ASL)

American Sign Language (ASL)/English Bilingual Approach: in this approach, a child learns to use sign language as his or her first language for communication and later, learns English in school for reading and writing. ASL has a different grammar than English and is the language of individuals in the Deaf community.

Listening and Spoken Language: in this approach, a child uses hearing for communication and learning. This approach typically relies on the use of hearing technology such as hearing aids and/or cochlear implants to provide access to sound. The goal is for a child to enter the mainstream educational classroom as early as possible and use listening and speaking to learn and communicate.



Listening and Spoken Language

Total Communication: in this approach, all modalities, including signs, auditory information, and visual information are used and encouraged as needed for supporting the development of communication and learning.



FACTORS *to consider*

Consider the following factors when choosing a communication mode:

- ✓ Will the communication mode enable you and all of your family to communicate with your child?
- ✓ Do you feel comfortable with the amount of information you have received about all the modes/methods of communication? Have you talked to a variety of people and heard a variety of perspectives on each choice?
- ✓ Is the communication mode in the best interest of your child? Does it allow your child to have influence over his/her environment, discuss his/her feelings and concerns, and participate in the world of imagination and abstract thought?
- ✓ Does the communication option you choose enhance your relationships with each other as a family? Does it promote enjoyable, meaningful communication among all family members and enable your child to feel part of your family? Does this option help your child understand what is happening at home and during daily routines?
- ✓ Are you looking at your choice of communication in terms of what will be best for your child and family and not what someone has promised you about a certain method?
- ✓ What intervention/education programs are in your area?

Early Start



Early Start is California's system of early intervention services provided to infants and toddlers who have disabilities and their families. It is a multiagency effort funded and sponsored by the Department of Developmental Services and the California Department of Education and encourages partnerships between families and professionals, family support, and coordination of services. The statewide system of early intervention services is available throughout California and can be

accessed through regional centers for developmental disabilities, county offices of education, local school districts, health or social service agencies, and family resource centers/networks in your community. Early Start is California's Part C program that is required by Federal law.

An important part of Early Start is the network of family resource centers (FRCs) that provide parent-to-parent contact, information about disabilities and early intervention, and assistance in accessing services. Phone contact, home or hospital visits, and support groups are all ways in which families might connect with experienced and knowledgeable parent "peers" through their local Family Resource Center or FRC.

What are early intervention services?

Early intervention services are made available through a wide variety of professional services for children aged birth-three and their families. Early intervention services are provided based on the developmental needs of the child, the concerns and priorities of the family, and the resources available to them. Services are provided within the context of the child's and the family's daily activities and routines. Eligible children and families may receive a variety of early intervention services; some children may need only one or two early intervention services, others may need more.

Early intervention services may include:

- assistive technology, including devices or services
- audiology services
- family training, counseling, and home visits
- health services necessary for a child to benefit from other early intervention services
- medical services for diagnosis and evaluation only
- nursing services

(Continued on next page)

Early Start Early Intervention (Continued)

- nutrition services
- occupational therapy
- physical therapy
- psychological services
- service coordination (case management)
- social work services
- special instruction
- speech and language services
- transportation and related costs necessary for a child to receive services
- vision services

Children from birth to 36 months may be eligible for early intervention services if, through documented evaluation and assessment, they are shown to:

- Have a significant developmental delay in either cognitive, communication, social or emotional skills,
- Adaptive, or physical and motor development including vision and hearing.

How much does it cost?

- Early Start services are provided at no cost to eligible families. Early Start is funded by state and federal funds. However, use of personal insurance may be required for some regional center services.

How do I get more information?

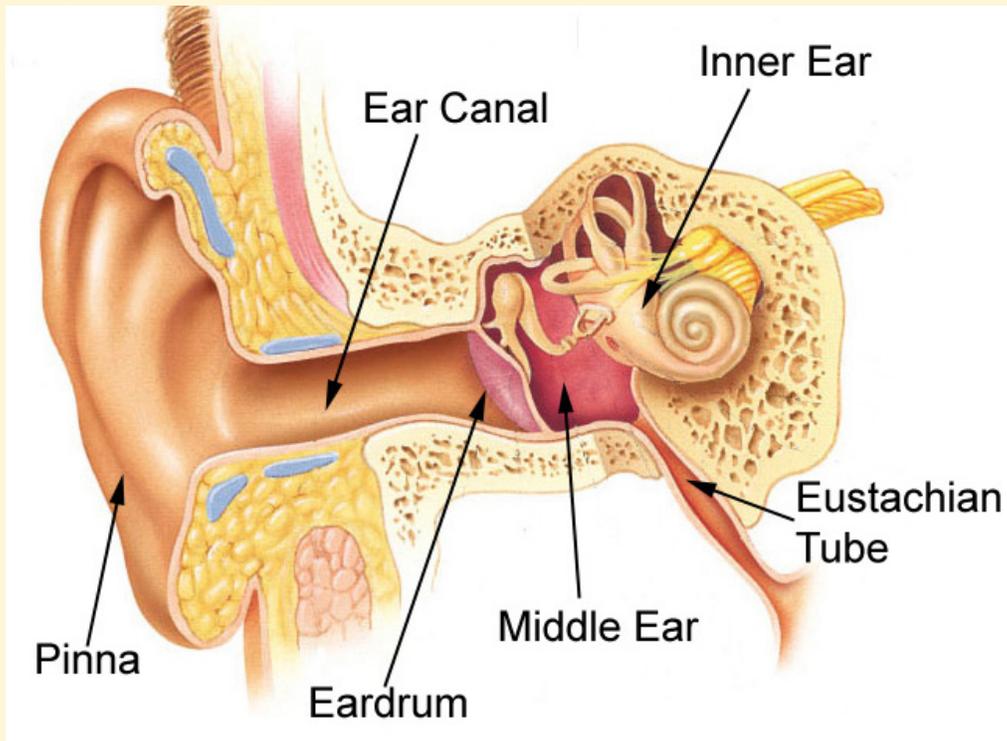
- Visit DDS' Early Start website at www.dds.ca.gov/earlystart or call **800.515.BABY** for resource information and referral to local regional centers, education agencies, and family resource centers.



Early intervention services provide families with the information and support they need to maximize their child's overall development.

How the Ear Works

A hearing loss can occur when any part of the ear or auditory (hearing) system is not functioning normally. The auditory system processes sound information as it travels from the ear to the brain. The brain must receive accurate information to hear and process sounds and words. Descriptions of the different parts of the ear follow.



Outer Ear The outer ear is made up of:

- the part we see on the sides of our heads, known as the pinna
- the ear canal
- the eardrum, sometimes called the tympanic membrane, which separates the outer and middle ear

Middle Ear The middle ear is made up of:

- the eardrum
- three small bones called ossicles that send the movement of the eardrum to the inner ear

Inner Ear The inner ear is made up of:

- the snail shaped organ for hearing known as the cochlea
- the semicircular canals that help with balance

Acoustic Nerve This nerve sends sound information from the ear to the brain.

Types of Hearing Loss

Conductive Hearing Loss

Hearing loss caused by something which prevents sounds from getting through the outer or middle ear. This type of hearing loss often can be treated with medicine or surgery. Some causes of conductive hearing loss include fluid in the middle ear, excessive cerumen (earwax) buildup in the ear canal, perforated eardrum, damaged ossicles, congenital malformation, or tumors in the ear canal or middle ear.

Sensorineural Hearing Loss

Hearing loss that occurs when there is a problem in the way the inner ear works. This type of hearing loss is likely to be permanent and usually cannot be treated with surgery or medication. Hearing aids or other assistive devices are typically recommended for people with sensorineural hearing loss who wish to develop spoken language. Some causes of sensorineural hearing loss include medicine that damages the inner ear, lack of oxygen at birth, excessive noise exposure, tumors, degenerative diseases, auto-immune diseases, genetic factors, viruses or bacteria.

Mixed Hearing Loss

Hearing loss that includes both a conductive and a sensorineural hearing loss.

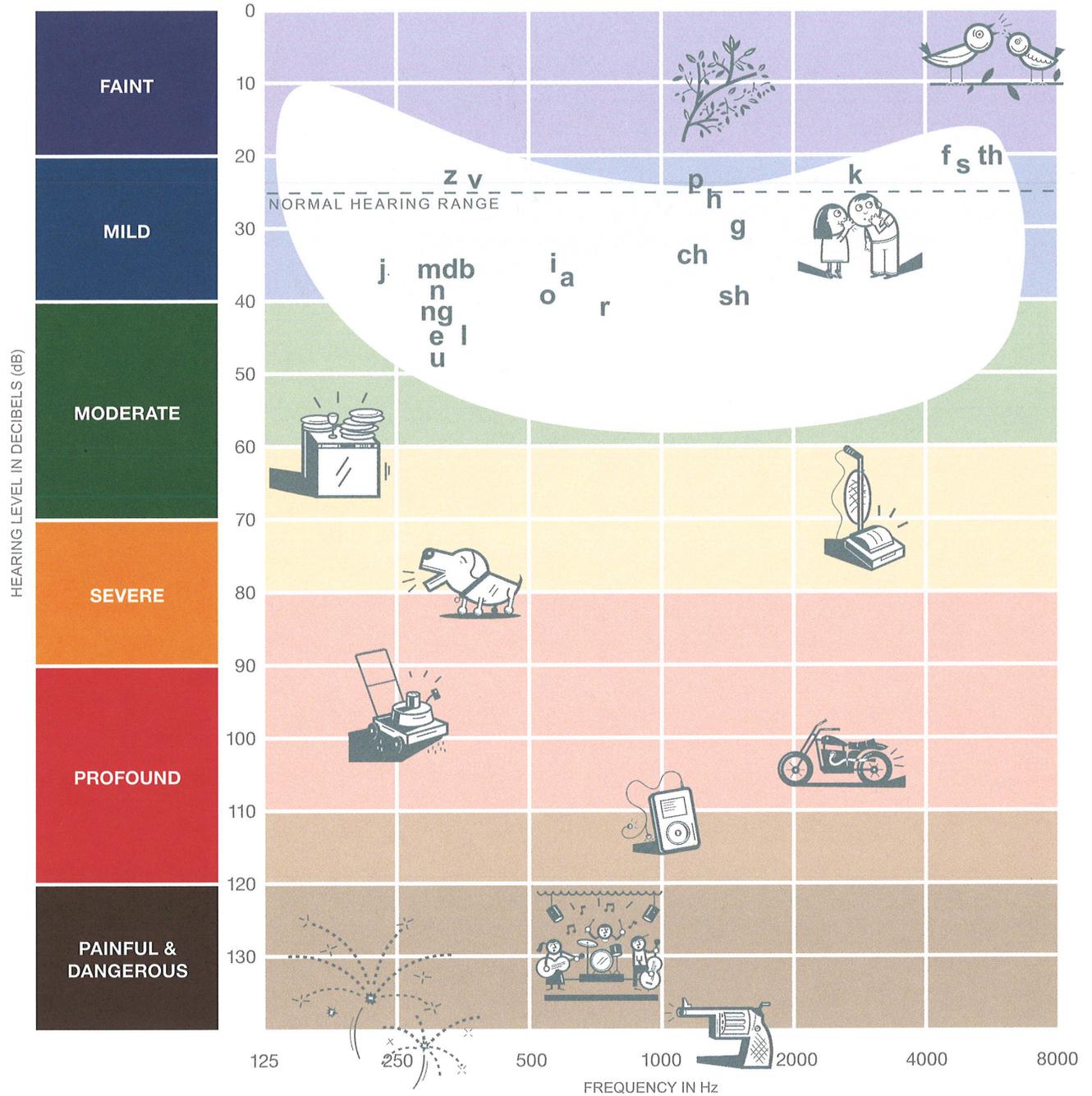
Auditory Neuropathy Disorder Hearing Loss

Occurs when sound enters the ear normally, but because of damage to the inner ear or the hearing nerve, sound isn't organized in a way that the brain can process or understand.



Speech Sounds Audiogram

AUDIOGRAM OF FAMILIAR SOUNDS



Effects of Degrees of Hearing Loss

Hearing loss measured **without** amplification (hearing aids, cochlear implants, other devices)

Levels of Hearing Loss	Degree of Hearing Loss	Effects on Language & Speech Understanding
Normal Hearing	0 dB - 15 dB	None
Mild	16 dB - 40 dB	May have trouble hearing faint or distant sounds and hearing softer speech sounds such as "t," "s," "sh," and "f"
Moderate to Moderately Severe	41 dB - 69 dB	Speech must be loud to be understood; will have increased difficulty in group discussions; Speech likely to be affected; Language usage and comprehension deficiencies; Vocabulary limitations, Challenges with social interactions
Severe	70 dB - 90 dB	May be able to hear loud voices about 1 foot from ear; May be able to identify environmental sounds such as a door knock or a dog barking; May be able to discriminate vowels, but not consonants; Speech and language will be affected if hearing loss is present before 12 months unless amplification is provided
Profound	90 dB +	May be able to hear loud sounds more through vibration than sound without amplification; May rely on vision rather than hearing as the primary sensory channel for communication; Speech and language deficiencies

Hearing Tests for Newborns and Infants

- **Evoked otoacoustic emissions (EOAE).** A test that uses a tiny, flexible tip that is inserted into the baby's ear. Sounds are sent through the tip and a microphone in the tip records the otoacoustic emissions (responses) of the ear in reaction to the sounds. This test is painless and is usually completed within a few minutes, while the baby sleeps.
- **Auditory brainstem response (ABR).** A test that uses electrodes (wires) attached with adhesive to the baby's scalp. While the baby sleeps, clicking sounds are made through tiny earphones in the baby's ears. The test measures the auditory nerve in response to the sounds. As in EOAE, this test is painless and takes about an hour if the baby is sleeping quietly but will take longer if the baby is active.
- **Behavioral observation.** A procedure often used with infants to gain additional information about a baby's response to sound in his/her environment. Additional testing may be necessary.
- **Visual reinforcement audiometry (VRA).** A test in which the child is trained to look toward a sound source. When the child responds by turning his/her head in the direction of the sound, the child is rewarded through a visual reinforcement such as a toy that moves or a flashing light. The test is most often used for children between 6 months to 2 years of age.
- **Play audiometry.** This test typically requires the child to wear some type of earphones. This test is made into a game. The toddler is asked to do something with a toy (i.e., touch a toy, move a toy) every time the sound is heard. This test relies on the consistent cooperation of the child, which varies by the child's age, ability and temperament. The test is most often used for children 2 years of age and older.

Hearing Aids for Children

What do I need to know about hearing aids for my child?

- To achieve the best results from a hearing aid, you and your child should meet with a licensed pediatric audiologist to learn what to expect—that is, what a hearing aid can and cannot do, and how to operate it.
- It is important to understand how hearing aids work and how to select, operate, and care for them. Making sure your child has properly working hearing aids and consistent use of hearing aids is critical for your child to learn to listen and develop spoken language skills.

How do hearing aids work?

- All behind-the-ear(BTE) hearing aids have a microphone, an amplifier and processor, an ear hook, an earmold, and a battery compartment. Sound enters the microphone, is amplified and shaped by the processor, and is directed out the ear hook and through the earmold into your child's ear. The earmold is specifically molded to the shape of your child's ear.



When can my child be fit with hearing aids?

- Infants as young as a few weeks can be fit with hearing aids.



What kind of hearing aid is best for my child?

- Your pediatric audiologist is uniquely qualified to evaluate your child's needs and determine appropriate amplification. Since very young children cannot adjust their own hearing aids, the hearing aid selected for infants must be easily monitored by parents and caregivers.
- As your child grows and develops and learns to respond to more sophisticated tests, hearing aids are adjusted accordingly. Therefore, hearing aids that can be easily adjusted for high and low pitch, amount of amplification (gain), and maximum limits of amplification are desirable.
- It is important to know that, as a child grows, his or her ear grows too. This means that earmolds will need to be remade on a regularly scheduled basis—more often when children are very young and less often as children get older and their ears grow more slowly.

- In educational and home settings, children frequently connect their hearing aids to other devices. Therefore, the hearing aid prescribed should have special features (telecoil and direct audio input capability) that will allow for this connection.

- Several types of hearing aids are available; the appropriate type depends on your child's individual needs and skills. The behind-the-ear (BTE) hearing aid is the type of hearing aid most commonly recommended for infants and young children for a number of reasons, including:

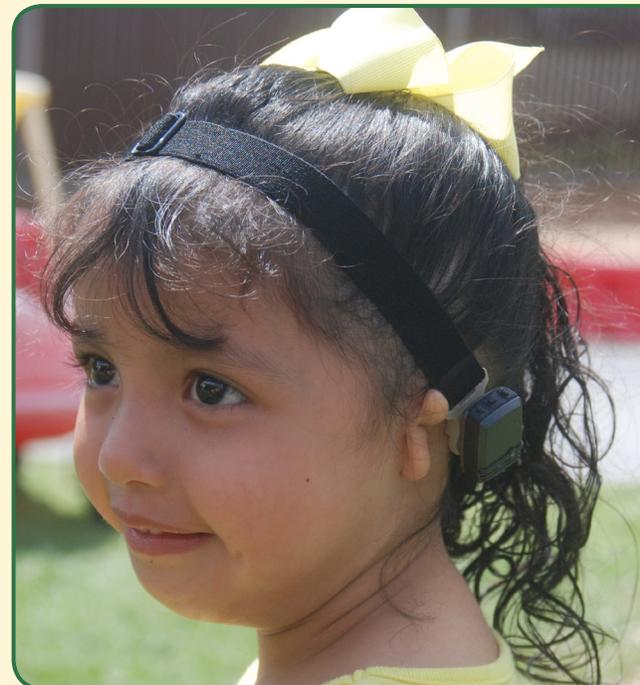
- It accommodates various earmold types.
- The earmold detaches and can be easily remade as the child grows.
- The earmold is easy to handle and can be easily cleaned.
- Parents and caregivers can easily do a listening check and make adjustments.
- It can accommodate a wide variety of hearing losses.
- It can be made with direct audio input or a telecoil, so it can be used with other listening devices.

- Your child's audiologist will select a hearing aid and will carefully program it using the results of your child's hearing tests. Real-ear measurement is used to fit hearing aids; this measurement ensures that the hearing aid is fitted for your child's specific ears and hearing loss.



Bone Conduction Hearing Aids

Bone conduction hearing systems are designed to use the body's natural ability to transfer sound through the bones in the head. The sound processor picks up sounds, converts them into vibrations, and sends them through the bones, directly to the inner ear. This process bypasses any problems or blockages in the ear canal or middle ear. Bone conduction hearing aids are for children who have conductive or mixed hearing losses who cannot otherwise wear "behind the ear" hearing aids. Bone conduction hearing aids work best if the cochlear (sensorineural) part of the hearing is normal or is only mildly impaired.



Cochlear Implants

A cochlear implant is a device that provides direct electrical stimulation to the auditory (hearing) nerve in the inner ear. Children who have severe or profound hearing loss who experience little or no benefit from hearing aids, may be candidates for cochlear implants. The implant consists of an external portion that sits behind the ear and a second portion that is surgically placed under the skin inside the cochlea (inner ear).

An implant has the following parts:

- A microphone, which picks up sound from the environment.
- A speech processor, which selects and arranges sounds picked up by the microphone.
- A transmitter and receiver/stimulator which receive signals from the speech processor and convert them into electric impulses.
- An electrode array, which is a group of electrodes that collects the impulses from the stimulator and sends them to different regions of the auditory nerve.



Is My Child a Candidate for a Cochlear Implant?

Your audiologist will help determine if your child is a candidate for a cochlear implant. The next step is to contact an ENT clinic with a cochlear implant program. Your local team of cochlear implant specialists will work with you to determine if a cochlear implant is appropriate for your child. Below are some general guidelines that are used to determine candidacy for cochlear implantation. Your child may be a candidate for a cochlear implant if he or she:

- Has a severe to profound sensorineural hearing loss in both ears.
- Receives little or no benefit from hearing aids.
- Has no contraindication preventing surgery.
- Has access to appropriate education and rehabilitation follow-up.
- Has access to an environment that supports successful learning and rehabilitation with a hearing implant. Not every child with a profound hearing loss is a candidate for cochlear implantation.



Resources

LEARNING ABOUT HEARING LOSS

Family-friendly websites where you can learn more about hearing loss and what you can do:

AMERICAN ACADEMY OF PEDIATRICS

*Newborn and Infant Hearing Loss:
Detection and Intervention*

Web:

[http://aappolicy.aappublications.org/
cgi/content/full/pediatrics;103/2/527](http://aappolicy.aappublications.org/cgi/content/full/pediatrics;103/2/527)

BEGINNINGS FOR PARENTS OF CHILDREN WHO ARE DEAF OR HARD OF HEARING

302 Jefferson Street, Suite 110
Raleigh, NC 27605

(919) 715-4092 (Voice/TTY)

(919) 715-4093 (Fax)

Web: www.ncbegin.org

E-mail: raleigh@ncbegin.org

BOYS TOWN NATIONAL RESEARCH HOSPITAL

555 North 30th Street

Omaha, NE 68131

(402) 498-6511

Web: www.babyhearing.org

HANDS & VOICES NATIONAL

(866) 422-0422

Email: [parentadvocate@
handsandvoices.org](mailto:parentadvocate@handsandvoices.org)

Web: www.handsandvoices.org

HANDS & VOICES CALIFORNIA

9820 Willow Creek Road, Ste. 275

San Diego, CA 92131

Email: infoA@cahandsandvoices.org

Web: www.cahandsandvoices.org

LAURENT CLERC NATIONAL DEAF EDUCATION CENTER

(202) 651-5051

Email: clerc.center@gallaudet.edu

Web: [http://clerccenter.gallaudet.
edu/infotogo](http://clerccenter.gallaudet.edu/infotogo)

NATIONAL CENTER FOR HEARING ASSESSMENT AND MANAGEMENT

Utah State University

2615 Old Main Hill

Logan, UT 84322

(435) 797-3584

Web: www.infanthearing.org

NATIONAL INSTITUTE ON DEAFNESS AND OTHER COMMUNICATIVE DISORDERS

(800) 241-1044

Email: nidcdinfo@nidcd.nih.gov

Web: [www.nidcd.nih.gov/health/
hearing](http://www.nidcd.nih.gov/health/hearing)



Resources (Continued)

RAISING DEAF KIDS

3440 Market St., 4th floor
Behavioral Health Center
Philadelphia, PA 19104
Voice: (215) 590-7440
TTY: (215) 590-6817
Fax: (215) 590-1335
E-mail: info@raisingdeafkids.org
Web: www.raisingdeafkids.org

CCHAT CENTER SACRAMENTO

11100 Coloma Road
Rancho Cordova, CA 95670
916-361-7290
www.cchatsacramento.org

ECHO HORIZON SCHOOL

3430 McManus Avenue
Culver City, California 90232
310- 838-2442
www.echohorizon.org

ADVOCACY

PARENT TRAINING AND INFORMATION CENTERS

(888) 248-0288
Web: www.parentcenternetwork.org

FAMILY VOICES

(888) 835-5669
Web: www.familyvoices.org

PARENT LINKS

Web: www.myparentlinks.com

JOHN TRACY CLINIC

806 West Adams Blvd.
Los Angeles, California, 90007
www.jtc.org

JWPOSD

3518 Jefferson Avenue
Redwood City, CA 94062
650-365-7500
www.deafkidstalk.org

LISTEN UP

Web: www.listen-up.org

ORAL DEAF EDUCATION

Web: www.oraldeafed.org

LISTENING & SPOKEN LANGUAGE

ALEXANDER GRAHAM BELL ASSOCIATION FOR THE DEAF AND HARD OF HEARING

(202) 337-5220
Email: info@agbell.org
Web: www.agbell.org

AUDITORY ORAL SCHOOL OF SAN FRANCISCO

1234 Divisadero
San Francisco, CA 94115
415-921-7658
www.auditoryoralsf.org

AMERICAN SIGN LANGUAGE

AMERICAN SOCIETY FOR DEAF CHILDREN

(800) 942-2732
Email: asdc@deafchildren.org
Web: www.deafchildren.org

Resources (Continued)

CALIFORNIA SCHOOLS FOR THE DEAF:

• FREMONT

Early Childhood Education (ECE)
39350 Gallaudet Drive
Fremont, CA 94538
(510) 794-3666
(510) 794-3672 (TTY)
Contact person: Laura T. Peterson
ltpetersen@cddf-cde.ca.gov
Video phone (vp): 510-344-6191
Web: www.csdeagles.com/outreach

• RIVERSIDE

Early Childhood Education (ECE)
3044 Horace Street
Riverside, CA 92506
(951) 248-7700 (Voice)
Web: <http://csdr-cde.ca.gov/academics/ece>

LEARN AMERICAN SIGN LANGUAGE (ASL) AND SIGNED ENGLISH (SE)

Web: www.lesstontutor.com/ASLgenhome.html

TOTAL COMMUNICATION

CENTER FOR EARLY INTERVENTION ON DEAFNESS (C.E.I.D.)

1035 Grayson Street
Berkeley, CA 94710
(510) 848-4800
(510) 848-5686 (TTY)
Web: www.ceid.org
E-mail: info@ceid.org

S.E.E. CENTER FOR THE ADVANCEMENT OF DEAF CHILDREN

(562) 430-1467 voice or TDD
Fax: (562) 795-6614
Email: seecenter@seecenter.org
Web: www.seecenter.org

CUED SPEECH

NATIONAL CUED SPEECH ASSOCIATION

Web: www.cuedspeech.org

CUED SPEECH DISCOVERY

Web: www.cuedspeech.com

HEARING AID AND COCHLEAR IMPLANT ASSISTANCE PROGRAMS

AUDIENT PROGRAM

EPIC Hearing Services
17870 Castleton Street, Suite 320
City of Industry, CA 91748
(866) 956-5400
Web: www.audientalliance.org
E-mail: hear@epichearing.com

DISABLED CHILDREN'S RELIEF FUND

(516) 377-1605
(516) 377-3978 (Fax)
Web: www.dcrf.com

HEAR NOW

6700 Washington Avenue South
Eden Prairie, MN 55344
(866) 354-3754 (Voice)
(952) 828-6000 (Fax)
Web: www.starkeyhearingfoundation.org



Resources (Continued)

THE HEARING FOUNDATION

(The Ear of the Lion Foundation, Inc.)
1030 Gettysburg Ave. #100-D
Clovis, CA. 93612
(800) 327-8077
Web: www.4c1lions.org/about/hearing-bank
E-mail: hearfoundation@aol.com

THE HIKE FUND (Children)

c/o: H.I.K.E. Board Secretary
10115 Cherry Hill Place
Spring Hill, FL 34608
(352) 688-2579
Web: www.thehikefund.org
E-mail: ceterrill1@aol.com

MIRACLE-EAR® CHILDREN'S FOUNDATION (Children)

(800) 464-8002
Web: www.miracleear.com/childrenrequest.aspx

SERTOMA

(816) 333-8300
Web: www.sertoma.org

GIFT OF HEARING FOUNDATION

(617) 661-4327
Web: www.giftofhearingfoundation.org
E-mail: info@giftofhearingfoundation.org

HEARING FOR CHILDREN

(503) 266-6576
(503) 266-6418 (Fax)
Web: www.h4c.org
E-mail: webmaster@h4.org

ASSISTIVE TECHNOLOGY

CALIFORNIA TELEPHONE ACCESS PROGRAM (CTAP)

CTAP Call Center
P.O. Box 30310
Stockton, CA 95213
(800) 806-1191 (Voice)
(800) 806-4474 (TTY)
Web: <http://ddtp.cpuc.ca.gov/homepage.aspx>

HARRIS COMMUNICATIONS

15155 Technology Drive
Eden Prairie, MN 55344
(800) 825-6758 (Voice)
(800) 825-9187 (TTY)
(866) 789-3468 (Videophone)
Web: www.harriscomm.com
E-mail: info@harriscomm.com

ADDITIONAL EARLY CHILDHOOD INTERVENTION RESOURCES

CALIFORNIA CHILDREN'S SERVICES (CCS)

CCS General Web: www.dhcs.ca.gov/services/ccs

CCS OFFICES

Web: www.dhcs.ca.gov/services/ccs/Pages/CountyOffices.aspx

CALIFORNIA DEPARTMENT OF EDUCATION

Deaf and Hard of Hearing Unit
Nancy Sager
(916) 327-3868
Web: www.cde.ca/sp/ss/dh/
Email: nsager@cde.ca.gov

Resources (Continued)

EARLY START

www.dds.ca.gov/earlystart
Call 800.515.BABY for resource information and referral to local regional centers, education agencies, and family resource centers.

MEDI-CAL

(800) 541-5555
Web: www.medi-cal.ca.gov

NEWBORN HEARING SCREENING PROGRAM (NHSP)

California Department of Health Care Services
Children's Medical Services
P.O. Box 997413, MS 8102
Sacramento, CA 95899-7413
(916) 322-5794
(877) 388-5301
(916) 440-5305 (Fax)
Web: <http://www.dhcs.ca.gov/services/hsp/Pages/default.aspx>
E-mail: nhsp3@dhcs.ca.gov

AUDIOLOGY RESOURCES

AMERICAN ACADEMY OF AUDIOLOGY

11480 Commerce Park Drive
Suite 220
Reston, VA 20191
800-AAA-2336
Web: www.audiology.org

AMERICAN SPEECH LANGUAGE & HEARING ASSOCIATION, ASHA

2200 Research Boulevard
Rockville, MD 20850-3289
800-638-8255
Web: www.asha.org

CALIFORNIA ACADEMY OF AUDIOLOGY

1966 Tice Valley Blvd. #233
Walnut Creek, CA 94595-2203
Phone: (888) 536-8883
Fax: (888) 566-7734
Web: www.ccaud.org

EDHI PALS

Web: www.edhipals.org

SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY AND HEARING AID DISPENSERS BOARD (SLPAHADB)

2005 Evergreen Street, Suite 2100
Sacramento, CA 95815
(916) 263-2666
Web: www.dca.ca.gov/hearingaid/home.shtml
E-mail: speechandhearing@ca.gov





CAA

California Academy of Audiology

Hear and Be Heard

www.caaud.org

