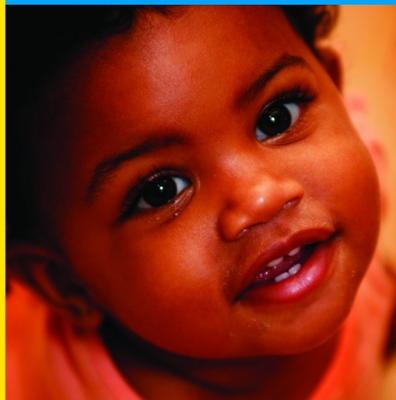


JUST IN TIME : RESOURCES FOR AUDIOLOGISTS

TEXAS EARLY HEARING DETECTION AND INTERVENTION
For Infants and Young Children



TEHDI



Acknowledgements & Contributors

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Texas Deaf and Hard of Hearing Leadership Council

Thank you to members of the Texas Deaf and Hard of Hearing Leadership Council who span private and public agencies throughout Texas. A special thanks to parents who participate in the Leadership Council and who are willing to share their expert knowledge.

Leadership Council Sponsor Chair: Alicia Favila, M.Ed. Senior Consultant/State Coordinator, Deaf and Hard of Hearing Services; ESC State Leadership Office – Birth to 5; Region 10 Education Service Center

The University of Texas at Dallas Callier Center for Communication Disorders

Karen Clark, Project Director: “Texas Connect Family Resource Guide” Thank you for generously permitting us to use resource information compiled in “Texas Connect” in this guide. The “Texas Connect Family Resource Guide” is written in English and Spanish. Information obtained in “Texas Connect” can be found in full at www.callier.utdallas.edu/txc.html.

Texas Department of State Health Services

Thank you to the Newborn Screening Unit, TEHDI at DSHS, especially Eugenia Dunham, Mary Gwyn Allen, Texas Health Steps and David Martinez, Manager, Newborn Screening Unit.

Department of Assistive and Rehabilitative Services (DARS)

Thank you to the Texas Department of Assistive and Rehabilitative Services, Division of Early Childhood Intervention for their contributions to this project.

DARS is the state agency responsible for ECI services, contracting with local ECI programs to provide services in every Texas county.

DARS Inquiries Line: 1-800-628-5115
TDD/TTY: 1-866-581-9328
www.dars.state.tx.us/ecis

Information at all stages of the EHDI process (1.3.6) should be communicated to the family in a culturally sensitive and understandable format.

(Joint Committee on Infant Hearing (JCIH), 2007 Position Statement)



Texas Early Hearing Detection and Intervention Program

The Department of State Health Services is the oversight agency for the Newborn Hearing Screening Program.

What is the Texas Early Hearing Detection and Intervention Program?

- TEHDI is EHDI in Texas.
- TEHDI was implemented as the State's (universal) newborn hearing screening program in 2000.
- The continuum of agencies, professional service providers that ensure infants/children receive proper care for hearing-related issues.

Hearing Tests and Reporting

Birth Screen

- Technology used: ABR or OAE
- Second screen before discharge if indicated
- Written results are provided to parent and to physician
- Results are reported to DSHS via the web-based system, with parental permission
- Referral to outpatient resource for re-screen

Outpatient Screen

- Technology used: ABR or OAE
- Referral to ECI and to audiologist for diagnostic testing if not passed
- Results are reported to DSHS

Audiologic Evaluation

- Diagnostic ABR, and to verify cochlear involvement, OAE if not previously done
- Texas Pediatric Protocol for Evaluation
- Referral to ECI if diagnosed with a hearing loss
- Referral to an otologist
- Fitting of aids
- Results are reported to DSHS

Rule Change on Outpatient Reporting

Taken from Rule § 37.50,9 Amendment effective April 3, 2007

Audiologists, qualified hearing screening providers, intervention specialists, educators, and others who provide services to infants who are diagnosed with hearing loss shall provide the following information, with consent, to the department or its designee:

- (1) results of follow-up services;
- (2) results of audiologic testing of infants identified with hearing loss;
- (3) report on initiation of intervention services.

Although universal newborn hearing screening is designed to identify infants who have congenital hearing loss, it is important to acknowledge that some infants are born with progressive or late-onset hearing losses. If a child has unilateral, mild, or chronic conductive hearing loss or is "at risk" for progressive or delayed-onset hearing loss, ongoing services should include audiologic monitoring.

"All infants with a risk indicator for hearing loss, regardless of surveillance findings, should be referred for an audiological assessment at least once by 24 to 30 months of age. Children with risk indicators that are highly associated with delayed-onset hearing loss, such as having received extracorporeal membrane oxygenation (ECMO) or having CMV infection, should have more frequent audiological assessments." (JCIH, 2007)

High risk conditions for hearing loss may include:

- Family history of childhood hearing loss
- Parental or caregiver concern
- A congenital infection, such as CMV
- Craniofacial anomalies, including those with anomalies of the pinna and ear canal
- Chronic middle ear problems
- Birthweight of less than 2,500 grams
- Severe hyperbilirubinemia requiring exchange transfusion
- Exposure to ototoxic medications
- Bacterial meningitis
- APGAR scores of 0-4 at 1 minute or 0-6 at 5 minutes
- Mechanical ventilation for greater than 5 days
- A stay in a NICU for longer than 5 days
- Head trauma
- A syndrome associated with permanent or progressive hearing loss, such as:
 - Arnold-Chiari malformations
 - Charcot-Marie-Tooth Syndrome
 - Velo Cardio Facial or DiGeorge Syndrome
 - Hunter/Hurler Syndrome
 - Usher Syndrome
 - Branchio-oto-renal syndrome
 - Pendred Syndrome
 - CHARGE Association
 - Neurofibromatosis type II
 - Mitochondrial disorders
 - Waardenburg Syndrome

Audiologic Evaluation

This protocol is intended as a guide for audiologists who are performing audiometric evaluations of newborns and infants. It is assumed that these children have failed an initial hearing screening in the nursery with either ABR or OAE.

In Texas only seven percent (7%) of licensed audiologists have currently identified themselves to the Texas Department of State Health Services as professionals who work with early identification and diagnosis of hearing loss in newborns and infants. It is our hope that this protocol will help audiologists appropriately identify the type, degree, and configuration of an infant's hearing loss so that hearing aids can be fit appropriately.

Section One

ABR or OAE Re-screening

Re-screen well-babies as outpatients within two weeks of discharge from the nursery. Re-screen NICU and Level II graduates as inpatients, if possible, immediately prior to discharge. Otherwise, re-screen as outpatients within two weeks of discharge.

Section Two

Audiologic Evaluation of Newborns and Infants

- Perform otoscopic examination.
- Perform click-evoked, diagnostic ABR via air conduction. Test at 70 to 80 dB nHL, to evaluate retrocochlear function.
 - Evaluate absolute latencies for waves I, III and V
 - Evaluate interpeak latencies for waves I to III, III to V, and I to V
 - Evaluate waveform morphology
 - Consider measuring wave V/I amplitude ratio
 - Consider evaluating click-rate functions
 - Perform click-evoked threshold search via air conduction
- If a "borderline" response is obtained, confirmation via OAE is recommended.
- If uncertainty remains, confirmation via behavioral means is recommended, before six (6) months of age.
- If air conduction click thresholds are abnormal, perform threshold search via bone conduction. Air-bone gaps of 20 dB or more should be considered significant.
- If air conduction click thresholds are normal, perform OAE evaluation to obtain frequency-specific data. If click threshold and OAEs are normal, testing may be terminated. Given a normal click threshold, normal sensitivity may be inferred for all frequencies at which OAEs were present.
- If air and bone conduction click thresholds suggest sensorineural loss, evaluate OAEs to help determine the site of disorder.
- If the click ABR is abnormal,

NOTE: Each clinic will need to establish its own normative values. As a general guideline, normal sensitivity for clicks may be defined as a repeatable wave V threshold of less than 30 dB nHL.

if DPOAES are abnormal, or if DPOAES cannot be evaluated because of degree of hearing loss, perform toneburst ABR at 4000Hz and 500 Hz.

Section Three

Follow-up

- If sensorineural loss is detected, refer infant to ear, nose and throat (ENT) physician for examination and medical clearance. Begin amplification process and refer to your local Early Childhood Intervention program (ECI).
- If significant air-bone gaps are noted, or if other evidence of middle ear disease is seen, refer infants for ENT evaluation. Contact ECI. Repeat diagnostic evaluation following treatment.
- If results indicate a mixed loss, refer infant for ENT examination and contact ECI. Begin amplification process, and repeat diagnostic evaluation following ENT treatment.
- If ABR is normal but OAE is abnormal, refer infant for ENT examination (results may indicate mild middle ear disorder). Re-test OAE following ENT treatment.
- If ABR suggests significant sensorineural loss (or prolonged interpeak latencies) and OAE is normal, refer infant to ENT physician for evaluation of retrocochlear dysfunction. Defer amplification process, but contact ECI and consider use of assistive listening device. Repeat diagnostic evaluation at six-month intervals to monitor neuromaturation.
- If the diagnostic battery is normal, retest infants at risk for delayed-onset hearing loss at six-month intervals. Such risk factors include: CMV, rubella, ototoxic medication,

syphilis, bacterial meningitis, and syndromes such as Usher, Alport, and Pendred.

- Incorporate behavioral testing as soon as possible. Ear-specific evaluation using VRA/COR is recommended.
- Incorporate an immittance battery with caution:
 - For infants under approximately four (4) months of age, multicomponent/multi-frequency testing is most appropriate, but normative data are lacking.
 - For infants older than four months, the immittance battery becomes more reliable and valid.

Communicating with families when a hearing loss is identified

Families need information when a baby is identified as having a hearing loss. Some parents will be ready for more information sooner than others. The following topics should be discussed with parents within the first few months after a hearing loss is diagnosed:

- Results of the assessment
- Information about the functioning of the ear and the implications of the test results.
- Recommendations for referrals the audiologist will be making to the primary care physician
- Information about the need for medical follow-up, as applicable
- Communication options
- Recommendations for intervention
- Funding/payment options
- The importance of early intervention
- Educational options
- Parent support groups/deaf adult groups

Communicating with families when fitting an amplification device

Families need information about the hearing aid or other amplification device. Communication should be in written form as well as discussed one-on-one to allow questions to be answered.

- Information from the manufacturer about the device
 - use/care/function
 - disposal of batteries
- Information about follow-up
- Information on repeat testing
- Information on replacing the hearing aid and/or earmolds
- Information on realistic expectations
- Instruction on how to do listening checks
- Instruction on taking care of the hearing aids

The following recommendations for referrals should be made to the primary care physician for children with newly identified hearing loss:

- Medical referral to an otologist/otolaryngologist with pediatric experience
- Referral to ECI
- Referral for speech/language assessment with a pediatric speech/language pathologist
- Referral for hearing aid consultation with a pediatric audiologist

The pediatrician or primary care provider should be informed at each step.

The audiologist should consider additional recommendations to the primary care physician (PCP) for referrals to the following specialists depending upon the specific needs of the child:

- Vision screening
- Kidney
- Neurology
- Genetic counseling
- Cardiology
- Developmental assessment

The recommendation for referral should state why the specific referral is being recommended. The pediatric audiologist should be aware of other related conditions and should inform the PCP and the parents of the likelihood of these conditions. Children referred to a physician for conductive hearing loss should be re-assessed following completion of the medical intervention. The audiologist should inform the parents of this need for re-assessment and should include the documentation in the referral to the primary care physician.

Medical assessment of possible middle ear disorders should not preclude assessment for permanent hearing loss. It is ideal if transient middle ear fluid can be cleared before audiological assessments are complete (within 30 days of screening), but if middle ear fluid persists, every effort should be made to assess hearing status within the three-month window. Amplification and early intervention should not be delayed beyond six months of age.

When is an Interdisciplinary Team needed and who should be involved? Any child with an identified hearing loss must have multiple disciplines involved in their care and treatment. It is important that the disciplines communicate and share information; however, although desired, it is often not practical for the multiple disciplines to actually meet as a team. Involvement of other disciplines may include but is not limited to the following:

- Audiologist
- Speech pathologist
- Parent outreach services
- Primary care physician
- Neurologist if the child has auditory neuropathy

Please reference the Texas Department of State Health Services Audiology Services website for more information:
<http://www.dshs.state.tx.us/tehdi/diagnost.shtm>

Audiologists and TEHDI

This year 1,200 infants in Texas will be born with hearing loss. Professionals from varying disciplines, agencies, and organizations work to provide the array of services needed to protect the future of these infants. Many of these 1,200 children mature and grow with the benefits of early identification and intervention efforts. Unfortunately, there are gaps in the reporting of follow-up care, audiological testing, and referrals to ECI, so the effectiveness of these efforts is not known.

Texas law* requires audiologists who receive referrals from newborn hearing screening programs to report results to the Department of State Health Services (DSHS). When hearing loss is identified, referral to ECI is also required by both Texas and federal law. Reporting and referring may be done by phone, fax, or online. Recent changes have been made to the online system to streamline these tasks for audiologists.

DSHS contracts with OZ Systems to manage Texas Early Hearing Detection and Intervention (TEHDI) information.** Audiologists may use the DSHS online system to report results to DSHS, complete ECI paperwork including Part B forms, and print ECI referral forms including information for parents. There is no longer a cost to the audiologists to use the online system.

The goal of Texas Early Hearing Detection and Intervention (TEHDI) is to ensure each child is identified and receives intervention in time to prevent long-term delays in language associated with hearing loss.

The goal of early hearing detection and intervention (EHDI) is to maximize linguistic competence and literacy development for children who are deaf or hard of hearing. Without appropriate opportunities to learn language, these children will fall behind their hearing peers in communication, cognition, reading and social-emotional development.

(Joint Committee on Infant Hearing, 2007 Position Statement)

*Texas Administrative Code, Title 25, Part 1, Chapter 37, Subchapter S, Rule §37.509.

** via OZ's eSP eScreenerPlus™ program

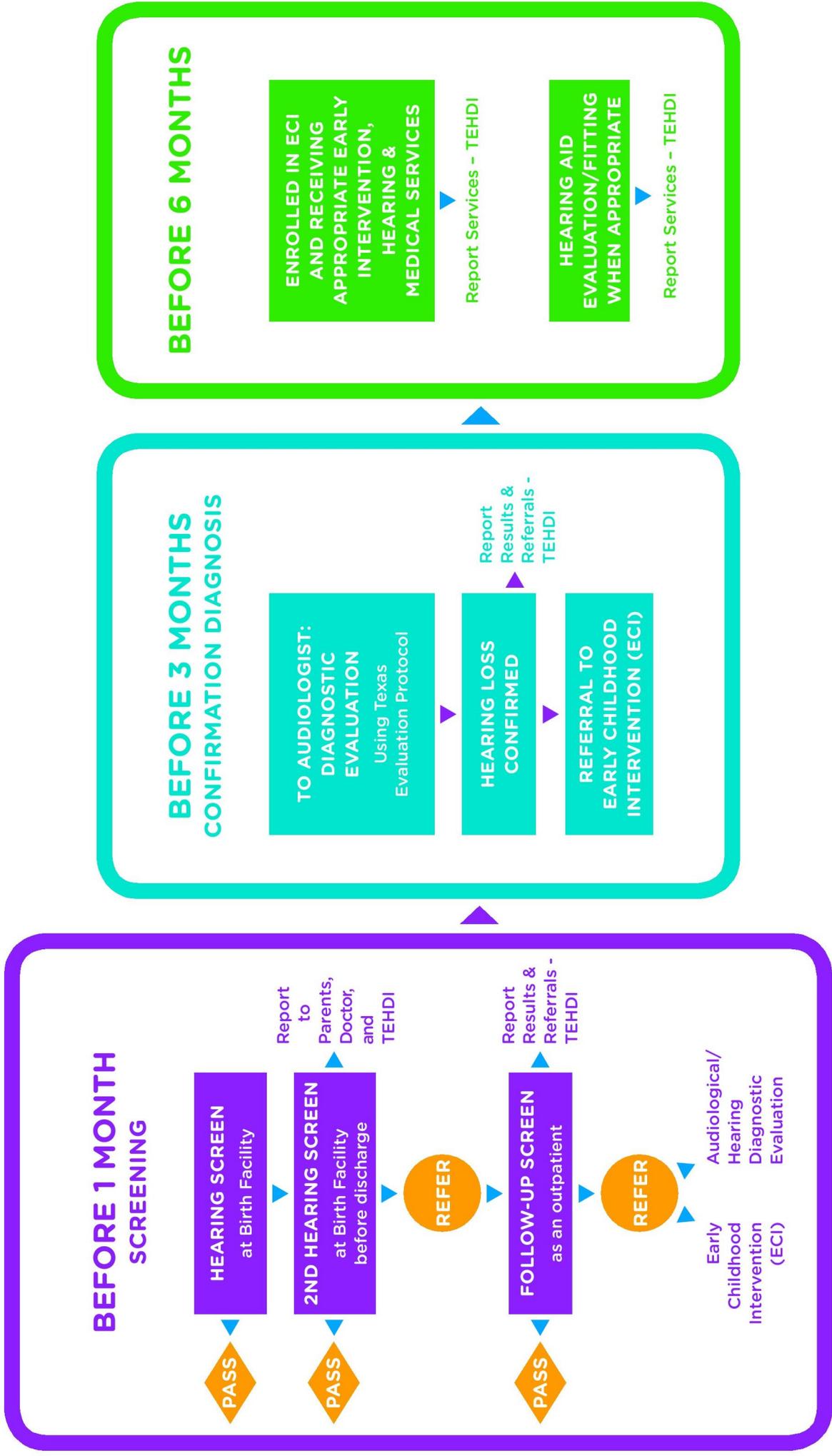


Texas Early Hearing

Detection and Intervention

1-3-6 MONTH PRACTITIONER'S GUIDE

TEXAS EARLY HEARING DETECTION AND INTERVENTION (TEHDI) PROCESS



TEXAS EARLY HEARING DETECTION AND INTERVENTION (TEHDI)

1. Birth Screen

- Parental permission is required.
- Test is either Auditory Brainstem Response (ABR) or Transient or Distortion Product Otoacoustic Emissions (OAE).
- A second screen is done before discharge if the first is not passed.
- Written results are given to the parents and the baby's doctor.
- Results are reported to DSHS but identifying information is removed for infants who pass; parental permission is given for identified results to be reported.
- Referral to a local audiology/hearing resource is made for outpatient re-screen when an infant does not pass the second screen.

2. Outpatient Re-Screen

- ABR or OAE tests are used.
- If the infant does not pass, referrals are made to an audiologist for diagnostic hearing testing and to Early Childhood Intervention (ECI) at 1-800-628-5115.
- Hearing services are available for children who are eligible through the Texas Medicaid Program and Children with Special Healthcare Needs (CSHCN).

3. Audiologic Evaluation

- Diagnostic ABR and, to verify cochlear involvement, OAE if not previously done.
- The Texas Pediatric Protocol for Evaluation is used; see www.dshs.state.tx.us/tehdi/assumpt.shtm.
- Results are reported to the referral source and to TEHDI.
- Referral is made to ECI upon the diagnosis of hearing loss.
- Referral to an otologist for a medical examination of the ear.
- Fitting of hearing aids by an audiologist when appropriate.
- Ongoing audiological assessment and monitoring as needed.

4. Referral to ECI

- Must be within two working days of the diagnosis of hearing loss.
- Service coordination is provided by ECI.
- Parents may refuse ECI services.
- An Individual Family Services Plan (IFSP) will be developed by ECI within 45 days of referral.
- ECI and the Local Education Agency (LEA) have shared service responsibility for children with hearing loss.

- ECI services are available until the child's third birthday, and then transition to the LEA is coordinated.

5. Deaf Education and other special education services

are available from ages 3-21 when determined by the Individual Education Program (IEP).

6. For children who pass the

newborn hearing screen, the Medical

Home/physician continues to monitor for developing hearing loss; see <http://pediatrics.aappublications.org/cgi/content/full/120/4/898> for suggested monitoring protocols.

Additional Resources:

www.callier.utdallas.edu/txc.html for Texas Connect – Educational Information; Educational Resource Center on Deafness at 1-800-332-3873.

For more information about TEHDI call

1-800-252-8023, ext 7726 or 1-512-776-7726

or visit our website at www.dshs.state.tx.us/tehdi/newbornhear.shtm



Early Intervention

Children [with hearing loss] enrolled in early intervention within the first year of life have been shown to have language development within the normal range of development at 5 years of age.

(Joint Committee on Infant Hearing, 2007 Position Statement)



Audiologist Role in Early Intervention

What is early intervention?

Early intervention is a term that describes a wide range of services available to children, ages birth to age 3, who have disabilities or developmental delays. Early intervention services are designed to support families as they help their infant or toddler to reach his or her potential.

The Texas Department of Assistive and Rehabilitative Services (DARS) Early Childhood Intervention (ECI), is the state's lead agency for early childhood intervention and coordinates the local agencies that assist families.

After enrolling in ECI, families of infants and toddlers with hearing loss may be eligible to receive additional deaf education services designed to meet their specific needs. These deaf education services may be provided by a local school system, an area Regional Day School Program for the Deaf, or the Texas School for the Deaf.

Who should I refer to ECI?

ECI encourages families and providers not to take a "wait and see" approach to a child's development. A referral to ECI can be based on professional judgment or a family's concern. A medical diagnosis or a confirmed developmental delay is not needed to refer. A referral should be made as soon as a delay is suspected, or there is any question about a child's development, even as early as birth.

Refer a baby when:

- He does not pass the outpatient screening. Babies who do not pass the outpatient screening have a high probability of hearing loss, and ECI can help make sure that the baby receives all other necessary testing and follow-up.
- Her audiological testing indicates a hearing loss. (See "Early is Best" page 2.3 for a discussion of transitory medical conditions related to hearing loss.)
- He has a medical condition or syndrome that has a high probability of hearing loss or of developmental delay.
- The parents have indicated a concern about the child's language, cognitive, or physical development.

How do I refer a child for ECI services?

ECI programs accept referrals for children with hearing loss or those who are at-risk for hearing loss from providers through direct telephone contact, fax, or TEHDI's electronic referral system (when available). ECI programs provide services to families within defined geographical boundaries based upon the family's residence.

You can refer a child by contacting any local ECI program in your community; the staff there will ensure the family will be contacted by the ECI program that serves their residential area.

Or, you can refer a child to a specific ECI program within the family's residential area. There are several methods to identify a family's local ECI program:

- Call the DARS Inquiries Line at [1-800-628-5115](tel:1-800-628-5115).
- Send an e-mail to: DARS.inquiries@dars.state.tx.us
Include the child's zip code information. You will receive an email back with the contact information for the ECI program that serves the family's residential area.
- Utilize the ECI website search page: www.dars.state.tx.us/ecis/searchprogram.asp The search can be by either city or county.

For more information about ECI, call the DARS Inquiries Line at 1-800-628-5115.

What happens after I make a referral?

The ECI program will contact the family and arrange a home visit. If the child needs further testing, the ECI Service Coordinator will assist the family in locating and accessing resources in the community. Service coordination is provided to every child referred to ECI. A team of early intervention specialists will evaluate the child. The parent is an important part of the evaluation team, and the team also includes a Teacher of the Deaf. The evaluation will include a detailed discussion of the child's developmental strengths, as well as the resources and concerns of the family. If the child qualifies for services, the family will be eligible to receive developmental services from early intervention specialists, speech language pathologists, physical and occupational therapists, social workers, and nutritionists. ECI teams help families and caregivers:

- Learn strategies to promote development
- Incorporate therapeutic intervention activities into daily life
- Foster and enhance children's engagement in routine activities and social interactions
- Monitor children's progress
- Support children to fully participate in their communities

Children who are deaf or hard of hearing may also receive services through Regional Day School Programs for the Deaf, local school districts, or the Texas School for the Deaf. ECI Service Coordinators can also assist families in the process of acquiring hearing aids for their child.

Where can I find more information about Early Intervention Services in Texas?

Texas Early Childhood Intervention

800-628-5115, www.dars.state.tx.us/ecis/index.shtml

Texas Education Agency, Services for the Deaf

512-463-9424, www.tea.state.tx.us

Texas School for the Deaf

800-332-3873, www.tsd.state.tx.us

Families should be made aware of all communication options and available hearing technologies. Informed family choice should guide the decision-making process.

(Joint Committee on Infant Hearing,
2007 Position Statement)

Early Is Best: Monitoring Babies for Hearing Loss

What else do audiologists need to know?

Answer: ECI encourages families and providers not to take a “wait and see” approach to a child’s development. A referral to ECI can be based on professional judgment or a family’s concern. A medical diagnosis or a confirmed developmental delay is not needed to refer. A referral should be made as soon as a delay is suspected, or there is any question about a child’s development, even if as early as birth.

The “Texas 1-3-6 Practitioner’s Guide” shows that the referral to ECI should happen when a baby does not pass the follow-up/outpatient screen.

Why then?

That is when we suspect hearing loss. The baby has two screens at birth prior to discharge, then has a third, or outpatient, screen. About 90–95% of the babies pass the outpatient screen. Most babies who do not pass the outpatient screen and go on to diagnostic audiology testing have hearing loss or deafness.

What about medical conditions such as fluid?

Sometimes there may be a transitory medical condition such as fluid. If that is monitored by the physician and audiologist for a short time (less than a month), and testing reveals normal hearing, that is good. If monitoring goes on for longer than 2-3 weeks, the baby is more likely to be ‘lost to follow-up.’

The disconnect occurs because the audiologist does not typically work in the pediatric practitioner’s office, and if physicians do not refer to audiology to monitor fluid, the audiologist may not see the baby again.

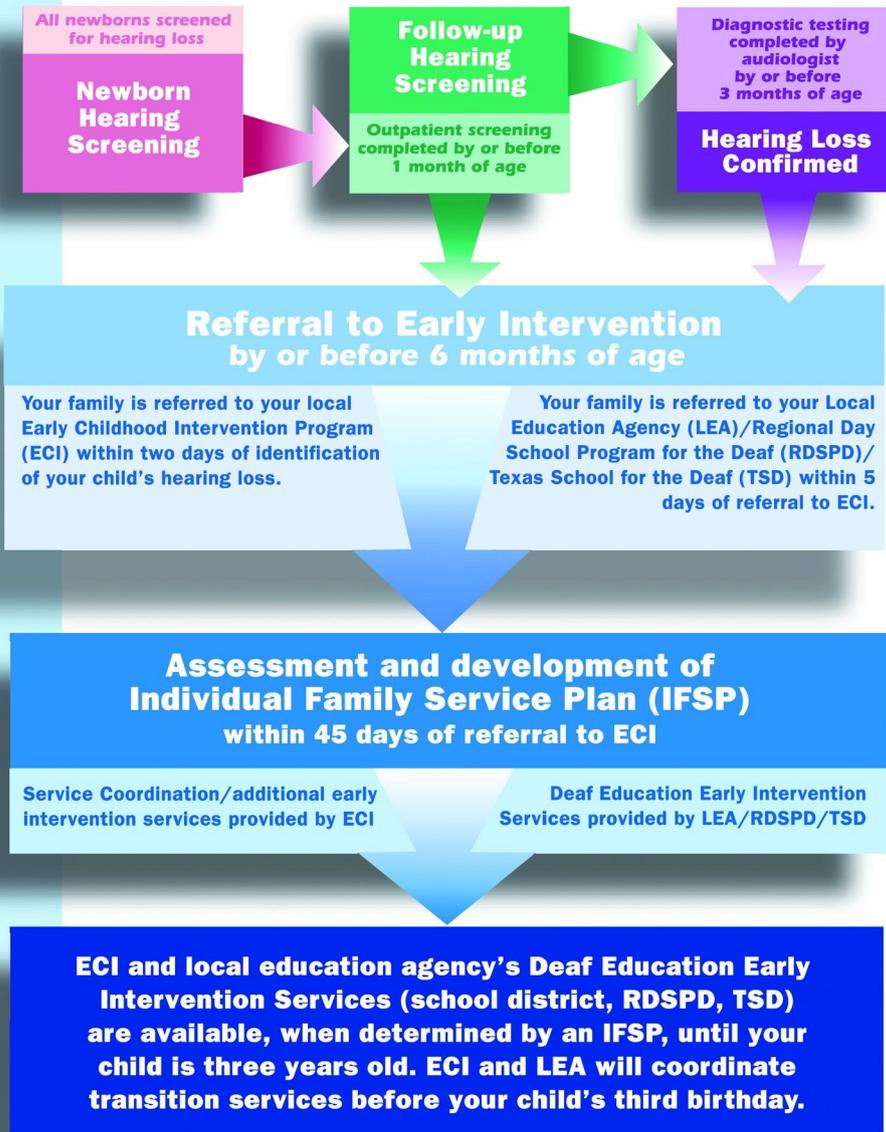
A perfect example is demonstrated by this mother:

Her daughter did not pass the birth screen and did not pass the follow-up, and was told by the audiologist to see the physician for medical treatment and to get a diagnostic test. The baby’s physician told Mom that her daughter had fluid, and did not need an audiology referral. Months passed and her daughter was not responding to sound. The baby continued to have middle ear fluid and at 9 months old was referred to an audiologist. During this visit, Mom learned her daughter was deaf.

The fluid was a medical issue in the presence of sensorineural hearing loss. If she had been referred to ECI by the follow-up screener, she could have been followed more closely, and the hearing loss could have been found much earlier.



Navigating the Texas Early Intervention System



AUDIOLOGICAL MONITORING

- Hearing Aid Evaluation & Fitting
- Continued Monitoring
- Referral to PACT as appropriate



MEDICAL HOME MONITORING

Pediatrician/Primary Care/ENT provider to coordinate medical care

IMPORTANT NOTE

Children whose hearing loss is identified later than infancy or who develop hearing loss after they are born are referred for early intervention as soon as the hearing loss is suspected or confirmed. It is important that children, especially those with certain high risk factors, be monitored for late-onset hearing loss.

Services for students who are deaf or hard of hearing and/or other special education services are available through your LEA/RDSPD/TSD from ages 3–21 when determined by an Individual Education Plan (IEP).

This page is designed to provide a visual overview of Texas' comprehensive system of early intervention services for families of infants and toddlers with hearing loss. Texas Connect Topic Card #10 has more information on early intervention services.

Early Intervention Service System

for Texas Families with Children Who are Deaf or Hard of Hearing (Birth to Age 3)

Early intervention describes a wide range of services available to children, ages birth to three, who have disabilities or developmental delays. A federal law, the Individual with Disabilities Education Act (IDEA) Part C, mandates early intervention services and establishes the guidelines for eligibility and service delivery. Early intervention services may include home visits, family training, counseling, special instruction, and therapy. Early intervention services are designed to help families help their infant or toddler reach his or her potential.

Texas provides a comprehensive system of services for families of infants and toddlers who have a hearing loss. Two state agencies,

the Department of Assistive and Rehabilitative Services Early Childhood Intervention (DARS-ECI) and the Texas Education Agency (TEA) have outlined a plan to ensure that a full range of services is available throughout all areas of Texas.

DARS-ECI is the state's lead agency for early childhood intervention (ECI) services and provides oversight to the local ECI programs that assist families. Local ECI programs work in partnership with local education agencies (school districts), Regional Day School Programs for the Deaf (RDSPDs), and the Texas School for the Deaf (TSD) so that specialized services, specific to children with hearing loss, are

made available.

ECI coordinates a team of professionals, including a Teacher of the Deaf, to work with deaf and hard of hearing children and their families. Additional team members often include an audiologist, a speech and language pathologist, and other disciplines as appropriate. Together with the family, the team develops an Individual Family Service Plan (IFSP) designed to help babies maximize their developmental potential. The team also supports families as they explore questions and concerns regarding their child's hearing, communication, and language development.

Transition Services

The IFSP team works with families before their child turns three to begin the transition to services with their local education agency or other service provider. Services for students who are deaf or hard of hearing are available through the local education agency, Regional Day School Programs for the Deaf, or Texas School for the Deaf from ages 3–22.

For information on Early Childhood Intervention Programs

<http://www.dars.state.tx.us/ecis/index.shtml>

DARS Inquiries Line 1-800-628-5115 | TDD/TTY 1-866-581-9328

For information on Deaf Education Early Intervention Programs

Region 10 Education Service Center

ESC State Leadership Office, Deaf and Hard of Hearing Services: Birth–5

972-348-1594 | http://www2.ednet10.net/SpecialEducation/DHHState0_5.html

Deaf Education Programs and Services

Regional Day School Program for the Deaf (RDSPD)

In order to provide services statewide, Texas operates a system of Regional Day School Programs for the Deaf (RDSPDs), serving students birth–22. Through a shared service agreement with local education agencies, RDSPDs provide early intervention services to families of children with diagnosed hearing loss—from birth to 36 months—in partnership with Early Childhood Intervention (ECI). Each specialized teacher, commonly known as a parent advisor, is a member of a child and family's IFSP team and assists in helping families navigate through their appointments as they work towards a diagnosis and follow-up care. Drawing on their specialized training, the parent advisor supports families as they explore questions regarding their child's communication development by answering questions and providing information. In addition, the

parent advisor helps families to access resources, including introduction to other families of children who are deaf or hard of hearing, individuals who are deaf or hard of hearing, and family support groups.

Contact the local Education Service Center (ESC) for more information about RDSPD programs and for services for students who are deaf or hard of hearing in your area.

Education Service Center Directory: <http://www.tea.state.tx.us/ESC>

Education Service Center Support: 512-463-9371

RDSPDs for the Deaf Directory: <http://ritter.tea.state.tx.us/deaf/rdspddirectory0809.pdf>

Texas Education Agency, Division for IDEA Coordination: <http://www.tea.state.tx.us/deaf>

Local Education Agency (LEA)

Local education agencies (school districts) may provide deaf education services to deaf or hard of hearing children. For more information on how these services are coordinated within a specific school district, contact:

School district locator: <http://deleon.tea.state.tx.us/sdl/Forms/#>

Education Service Centers' Special Education Directors: <http://ritter.tea.state.tx.us/special.ed/escinfo/contact.html>

Texas School for the Deaf (TSD)

Texas School for the Deaf is a public day and residential school for deaf and hard of hearing students who are preschool through the 12th grade or to age 21 if transitional services are needed. TSD is a day school program for children below the age of five. For students age 5 or above, Austin-area children may attend classes during the day and return home at night while students outside the Austin area may reside in the dorms during the week and return home each weekend.

Birth to Three Services:

Texas School for the Deaf also works jointly with local ECI programs to provide deaf education early intervention services to Austin-area children from birth to age three. These services include home visits/consultations related to maximizing developmental potential of children with hearing loss as well as early childhood classroom time for infants and toddlers. Parents whose children transition from birth to three services with ECI may keep Texas School for the Deaf as their educational choice or choose placement in another local educational, Regional Day School Program for the Deaf, or private program.

Texas School for the Deaf can provide resources, support, and services for Texas families of children who are deaf or hard of hearing through the Educational Resource Center on Deafness (ERCOD). See "Statewide Outreach and Resources" on page 2.7.

For more information, contact Texas School for the Deaf 512-462-5353 or www.tsd.state.tx.us.

Private Programs

There are several private schools and clinics in Texas that offer specialized services for deaf and hard of hearing children. Families can choose a combination of both public services and private arranged services. Through service coordination, ECI assists families of children ages birth–3 years to access public services but can also provide information to families on private services.

Statewide Outreach and Resources

Region 10 Education Service Center (ESC-10)

ESC-10 provides leadership, staff development, consultation, and technical assistance via the statewide ESC Deaf and Hard of Hearing (ESC DHH) network. ESC-10 assists Regional Day School Programs for the Deaf and local school districts with the development and implementation of comprehensive early intervention services to families of infants and toddlers with hearing loss and instructional programs for preschool age students with hearing loss.

ESC-10 works to promote practices and protocols that support a comprehensive, seamless statewide system of coordinated services between newborn hearing screening programs, audiology and otolaryngology services, medical home services, local ECI programs, RDSPDs, and local school districts.

Region 10 Education Service Center

ESC State Leadership Office for Deaf & Hard of Hearing Services: Birth–5 years
972-348-1594 | http://www2.ednt10.net/SpecialEducation/DHHStateO_5.html

Educational Resource Center on Deafness (ERCOD)

ERCOD provides resource information and outreach programs to families across Texas with children who are deaf and hard of hearing and the professionals who serve them. ERCOD also provides assistance to parents to help them navigate the multiple private and public services and resources that are available in Texas.

1-800-DEAFTSD or 512-462-5329 (V/T) | Email ercod@tsd.state.tx.us | www.tsd.state.tx.us/outreach

Texas Department of State Health Services (DSHS)

The Texas Department of State Health Services, Newborn Hearing Screening provides information and resources to families and professionals related to newborn hearing screening protocols and follow-up care.

For more information on the Department of State Health Services, visit <http://dshs.state.tx.us/audio>.

Speech and Language Milestones

Speech and language in infants and toddlers occurs best in an environment that is filled with varied sights, sounds, and opportunities to listen and experience the speech and language of others. Recent research suggests there are critical periods for speech and language development. The most intensive period of speech and language development is during the first three years of life when the brain is developing. Early exposure to language is critical at the very beginning of a child's life.

Milestones are identifiable skills that follow a natural progression and serve as a guide to highlight typical development. While children vary in their development, the following milestones can help doctors and other health professionals identify when a child may need additional support. Whenever there is a concern about a child's speech and language development, it is appropriate to refer a child to their primary care provider for follow-up recommendations.

Language milestones for a child who is deaf or hard of hearing and who is learning to communicate using American Sign Language are listed in bold.

Birth to Three Months

- Startles to loud sounds, **looks around with alertness**
- Quiets or smiles when spoken to, **looks attentively at a person's face**
- Seems to recognize familiar voices and quiets when crying, **is attracted to any human movement**
- Increases or decreases sucking behavior in response to sound
- Makes pleasure sounds (cooing)
- Cries differently for different needs
- Smiles when he/she sees Mom/Dad, **responds to smiling by smiling back**

Four to Six Months

- Moves eyes in direction of sounds, **likes to be held facing out to view that action**
- Responds to changes in tone of voice, especially Mom/Dad's, **laughs when sees fingers approaching to tickle**
- Notices toys that make sounds, **is attracted to moving and colored objects**
- Pays attention to music, **turns eyes to flashing light**
- Babbling sounds more speech-like with many different sounds, including "p," "b" and "m"

Early intervention programs need to provide families with access to skilled and experienced early intervention professional to facilitate communication and language development in the communication option chosen by the family.

(Joint Committee on Infant Hearing, 2007 Position Statement)

- Vocalizes excitement and displeasure, **smiles and makes eye contact and laughs**
- Makes gurgling sounds when left alone and when playing with you, **plays with hands and fingers and enjoys hand plays**

Seven Months to One Year

- Enjoys games like peekaboo and pat-a-cake
- Turns and looks in direction of sounds, **turns toward vibrations, phone, door bell, music**
- Listens when spoken or **signed to**
- **Shows understanding of words by appropriate behavior and gesture**
- Recognizes words for common item like "cup," "shoe," or "juice"
- Begins to respond to verbal requests, such as "come here" or "want more"
- Uses speech/signs or non-crying sounds to get and keep attention
- Imitates different speech sounds, **begins hand babbling with varied patterns**
- Says one or two words, **signs** ("bye-bye," "dada," "mama")
- Uses single word sentences in speech or **signs (simple hand shapes, mine, more, milk, mommy)**
- **Points to self and things**

One to Two Years

- Points to a few body parts when asked via speech or sign, **points to self and things**
- Follows simple commands and understands simple questions ("Roll the ball," "Kiss the baby," "Where's your shoe?")
- Listens to simple stories, songs and rhymes, **listens to ASL stories**
- Points to pictures in a book when named, **points and can sign some letters of the alphabet**
- Puts two words together in speech or **sign**

- Uses many different consonant sounds at the beginning of words
- **Uses expressive vocabulary of 50+ words in sign but understands many more**

Two to Three Years

- Understands differences in meaning in speech or **sign** (“stop-go,” “in-out,” “big-little”)
- Follows two-command requests (“Get the book and put it on the table.”)
- Uses two to three word “sentences” (speech or **sign**) to talk about and ask for things
- Ask questions beginning with what, where, and when (speech or **sign**)
- Uses expressive vocabulary of 200+ words (speech or **sign**)

(Adapted from “Information on Speech and Language Milestones” retrieved from the American Speech and Hearing Association (ASHA) website on July 7, 2000 at www.asha.org, and

“Developmental Milestones in American Sign Language” retrieved from Ontario Child Benefit at http://www.children.gov.on.ca/htdocs/English/programs/best-start/hearing/sign_language.aspx)

Communication Opportunities for Families and Children

It is never too early for a family of a child with a hearing loss to work with their primary care provider to begin thinking about how to help their child build a solid language foundation. When a child's hearing loss is identified soon after birth, professionals can assist families to make sure their child gets intervention at a very early age. This will help their child to develop communication and language skills that will make the most of his or her abilities.

Language is an important part of the interaction between parent and child. Early communication is the beginning of language development in addition to other skills. Building language skills early helps a child to develop his/her ability to read and write, develop social skills, and later succeed in school.

Experience shows that there is no single best intervention choice for all children. What works for one family and child may not be the best choice for another family and child. Finding the best choice is a complex process. Trying out a communication approach might be necessary in order to decide on a good choice for an individual child. Some children will have to change programs to have the best opportunity to develop communication and language. Each family best understands their own child. With guidance from professionals and other parents of children with hearing loss, each family should make its own decisions about language and communication.

Communication, Language, Speech, and Signing—What is the Difference?

Communication: Communication is sharing ideas. These ideas can be shared using language or sign language.

Language: Language uses symbols, such as words and grammar rules. The symbols can be in sign language or spoken language.

Spoken Language: Spoken language uses the voice and mouth to express language. There are many spoken languages. Some examples are English, French, and Spanish.

Sign Language: Sign language uses the hands, face, and body to express language. There are many sign languages. Some examples are American Sign Language (ASL), Italian Sign Language, and French Sign Language.

Communication Strategies

Language is a platform to build communication strategies. The following are some of the most common strategies that families can use to build their child's language.

American Sign Language

The following strategies are a part of the language platform called American Sign Language (ASL).

Fingerspelling: Fingerspelling is the spelling of words by using the hands and fingers to form each letter.

Parts of Signs: Just as words in spoken language are made of speech sounds, signs in ASL are composed of parts, too. Parts of ASL include the shape of the hand and movement, or how a hand is moved in space.

Visual Attention: Hearing babies can hear voices when they cannot see who is talking. Babies who communicate using ASL need to be looking at the person who is signing to them.

Eye Contact: Eye contact is very important when you are signing ASL.

Facial Expression: Facial expressions in ASL help to form questions and other kinds of sentences. For example, when eyebrows are raised, the speaker is probably asking a question.

Spoken English

The following strategies use speech and hearing to express the English language.

Auditory Training or Listening: Auditory training is a strategy by which a child relies on listening for communication and language. It takes advantage of "residual hearing," which is the amount of hearing a child has even if it is minimal. Many deaf children have some residual hearing.

Speech: Speech and auditory training or listening are strategies that are often used together.

Speechreading: Speechreading is also known as lipreading. It is a technique by which a deaf or hard of hearing child watches a speaker's mouth and facial expressions in order to understand what is being said. Children can use speechreading in combination with other strategies, such as auditory training or listening, but not alone.

English Coding Systems

The following strategies use signing instead of speech to express English language.

Fingerspelling: Fingerspelling began as part of ASL. It is also used with English coding systems.

Manually Coded English: Manually Coded English (MCE) is made up of signs that stand for the words of English. Many of the signs in MCE are borrowed from American Sign Language (ASL). But unlike ASL, the grammar, word order, and sentence structure that are used with MCE are those of the English language.

Conceptually Accurate Signed English (CASE): CASE is a way to communicate that deaf and hearing people sometimes use together. It is also called Pidgin Sign English (PSE). CASE is a mix of English and ASL. It is not a language but rather a form of communication that varies depending on the experience and preferences of the people using it.

Other Communication Tools

Cued Speech: Cued speech can help people who are deaf or hard of hearing to understand speech. Cued speech is not a language or a representation of a language. It is a system of hand signals used by the speaker to help the listener tell the difference between certain speech sounds. It is used in combination with speechreading.

Simultaneous Communication: Simultaneous communication is a technique that is used with MCE or CASE. The person signing speaks and signs at the same time. The person listening and watching the message uses speechreading, sound, and MCE or CASE to understand what is being said.

Natural Gestures: Natural gestures are body movements and facial expressions that everyone uses to help someone understand the message.

Educational Programs

The following five educational programs each utilize a different approach to communication. These descriptions do not provide great detail. For more information, refer to the following website: www.cdc.gov/ncbddd/ehdi/links.htm.

Auditory-Oral: The Auditory-Oral approach stresses maximum use of residual hearing through technology (for example, hearing aids or cochlear implants) for development of spoken language. This approach includes the use of speechreading and natural gestures.

Auditory-Verbal: The Auditory-Verbal approach stresses maximum use of residual hearing through technology for development of

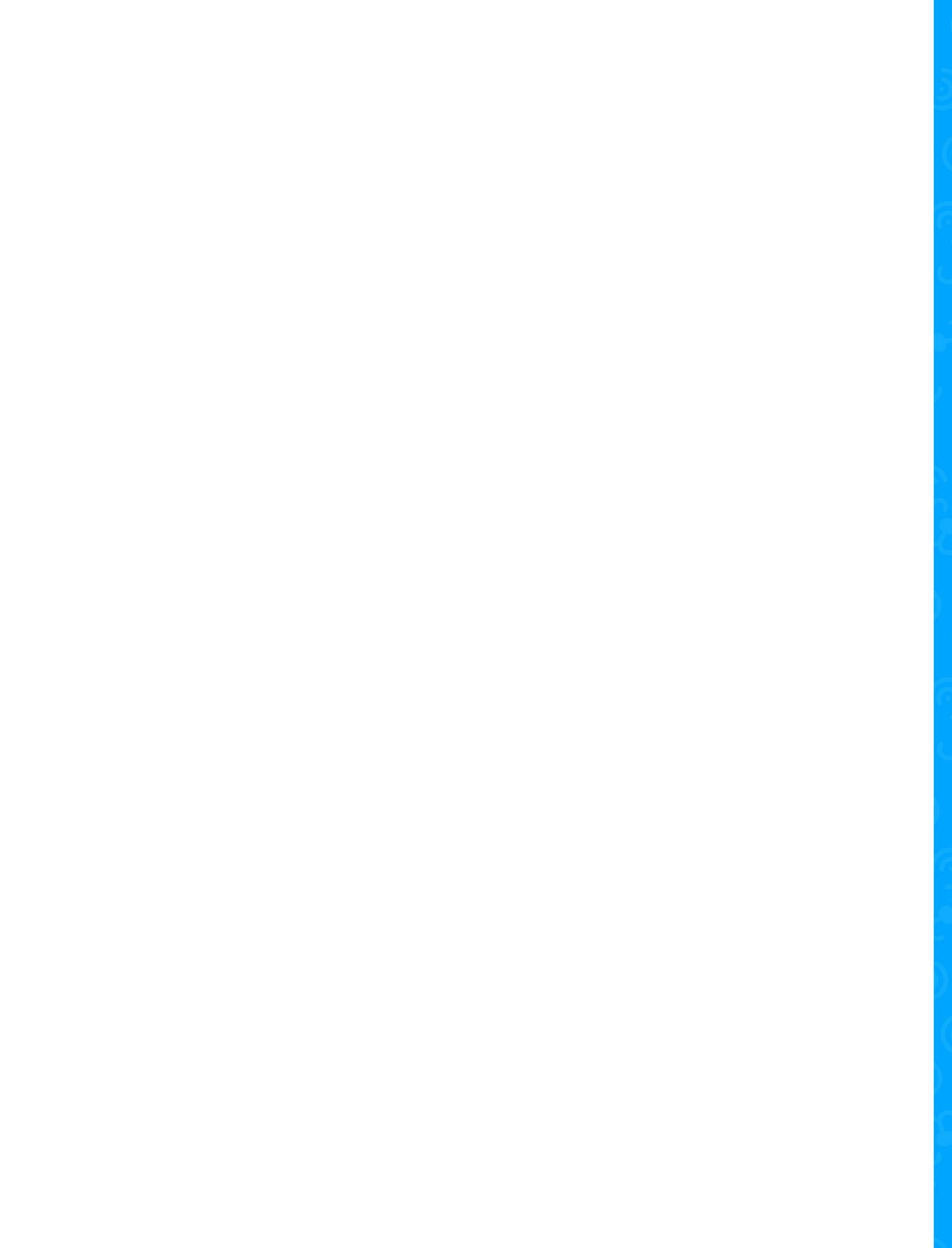
spoken language. This approach uses a child's residual hearing to encourage him or her to communicate through spoken language. The focus is on listening and therefore does not include visual cues, such as speechreading or natural gestures.

Bilingual ASL-English (Bi-Bi): This approach stresses development of two languages: American Sign Language (ASL) and the native language (English, Spanish, etc.). ASL is usually taught as the child's first language and their family's native language is taught as the child's second language through reading, writing, speech, and the use of residual hearing. Respect for deaf and hearing cultures is also taught.

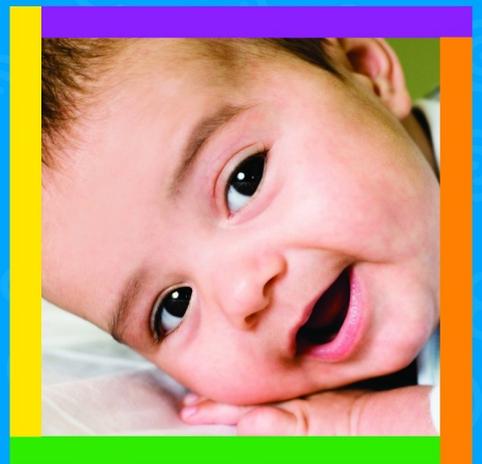
Cued Speech: Cued speech can help people who are deaf or hard of hearing to understand speech. Cued speech can be used with all the different educational approaches described here.

Total Communication: This approach uses a combination of sign language, speech, and use of residual hearing through technology (hearing aids, cochlear implants) to help each child make the most of his or her strengths for learning speech and language. Speech, speechreading, residual hearing, sign language, reading and writing, and natural gestures can all be used in this approach. Which ones are stressed depends on the child's strengths and weaknesses. Most Total Communication programs use some form of simultaneous communication (speaking and signing at the same time).

(Adapted from "Early Intervention: Communication and Language for Families of Deaf and Hard of Hearing Infants," Center for Disease Control and Prevention, retrieved July 11, 2008 from www.cdc.gov/ncbddd/ehdi/edmaterials.htm)



Resources



Texas State Resources

Educational Resources and Programs

Education Service Centers (ESCs)

Statewide leadership in addressing identified areas of need in special education services is provided through eleven functions and five projects directed by various ESCs. The primary responsibility of each ESC is to provide leadership, training, technical assistance, and the disseminate information throughout the state. The ESCs coordinating these statewide leadership functions and projects are responsible for the implementation of many of the state's continuous improvement activities.

Though both functions and projects provide statewide leadership, ESC function leads establish and coordinate a 20-region network. This ensures ongoing communication among ESCs about state-level needs assessment processes and planning, as well as implementing and evaluating statewide activities. Project leadership focuses on a specific activity.

The following ESCs have statewide leadership responsibilities, in partnership with the Texas Education Agency, for students who are deaf or hard of hearing:

ESC Region 10

Contact: Alicia M. Favila, M.Ed.; Senior Consultant/State Coordinator;
ESC State Leadership Office for the Deaf and Hard of Hearing Services: Birth-5
Voice/TTY: 972-348-1594

ESC Region 11

Contact: Penny Morrison; Coordinator;
ESC State Leadership Office for the Deaf and Hard of Hearing Services: Communication Access
Voice/TTY: 817-740-7580

ESC Region 20

Contact: John Bond; Coordinator III;
ESC State Leadership Office for the Deaf and Hard of Hearing Services: Access to General Curriculum
Voice/TTY: 210-370-5418

Texas Education Agency (TEA)

Texas School for the Blind and Visually Impaired (TSBVI)

Address: 1100 W. 45th St. Austin, Texas 78756
Voice: 512-454-8631 TTY: 512-206-9451

TSBVI is a partner with independent school districts in Texas. Provides instructional and related services to students who are blind, deaf-blind, or visually impaired, including those with additional disabilities.

Texas School for the Deaf (TSD)

TSD is a public (tuition free) day and residential school for deaf and hard of hearing students from all across Texas who are preschool through 12th grade or through age 21 if continued transitional services are needed. Additionally, the school works jointly with local Early Childhood Intervention (ECI) programs to provide services to Austin-area children from birth to age three. These services include home visits with consultation related to maximizing the developmental potential of children with hearing loss as well as early childhood classroom time for infants and toddlers. Parents whose children transition from birth to age three services under IDEA Part C may keep TSD as their educational choice under IDEA Part B or choose placement in another program. Also, through the Educational Resource Center on Deafness (ERCOD), TSD can provide resources, support, and services to families of children birth to age three who do not live in the Austin area. See section on ERCOD for more information.

Educational Resource Center on Deafness (ERCOD)

Address: 1102 South Congress Ave. Austin, Texas 78704
Voice/TTY: 1-800-DEAF-TSD or 512-462-5329

ERCOD serves families, school districts, and communities throughout Texas through outreach programs. Information/referral workshops, summer programs, distance learning, and interpreter training are some of the services provided for deaf and hard of hearing children, their families, and professional service providers.

State Agencies

Texas Department of Assistive and Rehabilitative Services (DARS)

Early Childhood Intervention
Address: 4900 North Lamar Blvd.
Austin, Texas 78751
Voice: 1-800-628-5115
TTY: 1-866-581-9328

Serves children, birth to 36 months, with disabilities or delays. Assists families in helping their children reach their potential through developmental services. Programs are located throughout the state. For children who have a hearing loss, ECI works in partnership with deaf education parent/infant services provided through regional or local school programs or Texas School for the Deaf.

Texas Department of Assistive and Rehabilitative Services (DARS)

Office for Deaf and Hard of Hearing Services (DHHS)
Address: 4900 North Lamar Blvd.
Austin, Texas 78751
Voice: 1-800-628-5115
TTY: 1-866-581-9328

DHHS works in partnership with people who are deaf or hard of hearing to eliminate societal and communication barriers and to improve equal access. A wide variety of services are provided. Services most directly related to families of children with hearing loss include: a statewide Resource Specialist Program that works with local consumers and their parents on information regarding deafness and/or hearing impairment; supports referrals to the appropriate sources for additional services and/or information in the local communities; financial assistance to purchase specialized telephone equipment or services for individuals with a disability that impedes usage of the telephone; certificate of deafness for tuition-waiver at state-supported Texas colleges. Additional services

include information on sign language and oral interpreters, an interpreter certification program, and a database of all state-certified interpreters. See “Camps” section for DHHS summer camps.

Texas Department of State Health Services (DSHS)

Texas Early Hearing Detection and Intervention (TEHDI Program)
Address: 1100 West 49th Street
Austin, Texas 78756
Voice: 1-800-252-8023, ext 7726

Texas Early Hearing Detection and Intervention (TEHDI) Program is dedicated to ensuring all babies born in Texas will receive Newborn Hearing Screening and appropriate follow-up care. It is essential infants with hearing loss be identified early and appropriate intervention services be initiated as early as possible. Without early identification and intervention, children with hearing loss may experience delays in the development of language, cognitive, and social skills that may prevent success in academic, occupational, and personal achievements.

Texas Education Agency (TEA)

Address: 1701 North Congress Ave.
Austin, Texas 78701-1494
Voice: 512-463-9414
TTY: 512-475-3540

The state education agency in Texas that oversees the public school systems. Services for Deaf and Hard of Hearing manages the operation of the Regional Day School Program for the Deaf (RDSPD), performs all activities required to maintain a statewide program for students who are deaf or hard of hearing, and provides policy guidance to local Regional Day Schools and local services to students who are deaf or hard of hearing.

Organizations

HEAR ME Foundation

Address:
4814 Woodstream Village Dr.,
Kingwood, Texas 77345
Voice: 281-359-6725

A non-profit organization that offers support and empowerment through public awareness and educational program assistance to families who have chosen an oral communication option. Provides a weekend camp in June for the entire family. Offers opportunities for children to have a mentor.

Texas Association of the Deaf (TAD)

Address: P.O. Box 1982
Manchaca, Texas 78652
www.deaftexas.org/wp

A non-profit, membership-based organization. Provides information and education, including surveys and studies, on various issues affecting the lives of those who are deaf or hard of hearing at all levels of the community.

Texas Association of Parents and Educators of the Deaf (TAPED)

Address: 1307 Memorial Dr.
Bryan, Texas 77802
Connie Ferguson, Brazos Valley
Regional Day School for the Deaf
Voice: 979-209-2890
www.taped.org/

TAPED is an information and networking resource for parents and educators. Offers a website for educators and parents and is a voice for the field of deaf education.

Texas Chapter of Alexander Graham Bell Association for the Deaf and Hard of Hearing

Address: 103 Tuleta Drive
San Antonio, Texas 78212
Voice: 210-495-0398

Texas AG Bell provides both services and support for those with a hearing loss through a biannual conference, newsletter for its members, directory of services, and offers an opportunity for scholarships and awards.

Texas Chapter of the Hearing Loss Association of America

Address: 1402 Saint Mary's Lane
Houston, Texas 77079
Voice: 281-497-2670

This organization promotes an improved quality of life for people who are hard of hearing through education, advocacy, and self-help.

Texas Hands and Voices

Email: TXHandsandVoices@gmail.com
www.handsandvoices.org

Texas Hands and Voices is a state chapter of a nationwide non-profit organization (Hands and Voices). This is a parent-driven organization that supports families and their children who are deaf or hard of hearing with a focus on being unbiased toward communication modes and methods.

Texas Parent to Parent (TxP2P)

Address: 3710 Cedar Street
Austin, Texas 78705
Voice: 512-458-8600
Toll Free: 866-896-6001

TxP2P is a non-profit statewide program providing support, resources, and information to parents/caregivers of children of all ages and disabilities, as well as, professionals who work with them. Services include matching parents to trained parent volunteers who have children with similar disabilities or issues. Also offers quarterly newsletter, listservs, annual parent conference, and educational opportunities across the state. Services in Spanish and English.

Texas Speech Language Hearing Association (TSHA)

Address: 918 Congress Avenue
Austin, Texas 78701
Voice: 512-494-1127
Toll Free: 1-888-729-8742

Professional and scientific association comprised of speech-language pathologists, audiologists, associates, and students. Provides materials, literature, and workshops.

Services & Activities

Advocacy Incorporated

Address: 7800 Shoal Creek Blvd.
Austin, Texas 78757-1024
Voice/TTY: 512-454-4816

Advocacy Inc. is a non-profit corporation that advocates for the legal rights of Texans of all ages with disabilities. It provides information for parents on federal and state law to help parents work as equal partners with the school in planning their children's educational program.

Callier Center For Communication Disorders, The University of Texas at Dallas

Address: 1966 Inwood Rd.
Dallas, Texas 75235
Voice: 214-905-3000
TDD: 214-905-3012

Callier Center is a non-profit educational, clinical, and research center for individuals with communication disorders of all types. Clinical services specific to hearing loss include complete audiological testing, amplification services, aural rehabilitation classes, and cochlear implant evaluation. Educational programs include specialized services for children with hearing loss, ages 2-5, within an early childhood preschool.

Partners Resource Network Inc.

Address: 1090 Longfellow Drive
Beaumont, Texas 77706
Voice/TTY: 1-800-866-4762
(Texas parents only)

Non-profit that operates a statewide network of federally funded Parent Training and Information Centers (PTIs), which provide training and technical assistance to families who have children with all types of disabilities including the rights of students to a free appropriate public education.

Camps

Camp SIGN, DARS-Deaf and Hard of Hearing Services

Address: P.O. Box 12306
Austin, Texas 78711
Voice: 512-407-3250
TTY: 512-407-3251
Ages: 8-17 years old

Camp SIGN is a communication barrier-free environment for students who are deaf or hard of hearing. The goal is to have all students from around the state, regardless of their communication mode, participate in the program and to create an environment of acceptance and encouragement.

Cochlear Implants Summer Listening Camp

Address: 1966 Inwood Rd.
Dallas, Texas 75235
Voice: 214-905-3139
Ages: 3-11 years old

Provides a one-week day camp for children with cochlear implants. Each camper is paired with a graduate student buddy. Camp activities focus on listening and spoken-language activities.

Texas School for the Deaf (TSD)

Address: 1102 South Congress Ave.
Austin, Texas 78704
Voice/TTY: 512-462-5329
Ages: Infant through high school

TSD is a public (tuition free) day and residential school for deaf and hard of hearing students from all across Texas who are preschool through 12th grade or through age 21 if continued transitional services are needed. Additionally, the school works jointly with local Early Childhood Intervention (ECI) programs to provide services to Austin-area children from birth to age three. These services include home visits with consultation related to maximizing the developmental potential of children with hearing loss as well as early childhood classroom time for infants and toddlers. Parents whose children transition from birth to age three services under IDEA Part C may keep TSD as their educational choice under IDEA Part B or choose placement in another program. Also, through the Educational Resource Center on Deafness (ERCOD), TSD can provide resources, support, and services to families of children birth to age three who do not live in the Austin area. See section on ERCOD for more information.

Funding Sources

Supplemental Security Income (SSI)

Toll Free: 1-800-772-1213
www.ssa.gov

Provides Medicaid coverage and monthly cash assistance to eligible individuals. Eligibility is based on citizenship, financial status, and disability.

Caring for Children Foundation

Toll Free: 1-800-258-5437
E-mail: Resha_Wafer@bcbstx.com
www.carevan.org

Provides access to preventative care for children ages 6-18 whose families are not eligible for Medicaid and cannot afford private insurance.

CHIP and Children's Medicaid

Toll Free: 1-877-KIDS-NOW
TTY: 1-800-735-2988
www.chipmedicaid.org

Texas families with uninsured children may be eligible for health insurance through Children's Medicaid and CHIP (Children's Health Insurance Program). Both programs provide a wide range of benefits, including regular check-ups and dental care, to keep kids healthy.

Web Resources for Providers and Families

Alexander Graham Bell Association for the Deaf
www.agbell.org

American Academy of Audiology
www.audiology.org

American Academy of Pediatrics
www.aap.org

American Sign Language
www.signmedia.com

American Society for Deaf Children
www.deafchildren.org

American Speech-Language-Hearing Association
www.asha.org

Auditory-Verbal International, Inc.
www.auditoryverbal.org

Baby Hearing
www.babyhearing.org

Better Hearing Institute
www.betterhearing.org

Boys Town National Research Hospital
www.boystownhospital.org

Callier Center for Communication Disorders, The University of Texas at Dallas
www.callier.utdallas.edu

Centers for Disease Control and Prevention, Early Hearing Detection and Intervention
www.cdc.gov/ncbddd/ehdi

Cochlear Implants: Navigating a Forest of Information
clerccenter.gallaudet.edu/kidsworldDeafNet/e-docs/CI/index.html

Deaf.com
www.deaf.com

Deaf Linx
www.deaflinx.com

Family Village
www.familyvillage.wisc.edu/lib_deaf.htm

Family Voices
www.familyvoices.org

Hands & Voices
www.handsandvoices.org

Hand Speak
www.handspeak.com

Kidsource
www.kidsource.com/nfpa/social.html

John Tracy Clinic
www.johntracyclinic.org

Joint Committee on Infant Hearing
www.jcih.org

League for the Hard of Hearing
www.lhh.org

Marion Downs National Center for Infant Hearing
www.colorado.edu/slhs/mdnc

National Association for the Deaf
www.nad.org

National Center for Hearing Assessment and Management
www.infanthearing.org

National Cued Speech Association
www.cuedspeech.org

Laurent Clerc National Deaf Education Center National Institutes of Health, National Institute on Deafness and Other Communication Disorders
clerccenter.gallaudet.edu/InfoToGo/

Oral Deaf Education
www.oraldeafed.org

Parenting Deaf and Hard of Hearing Children
deafness.about.com/od/growingupdeafhoh/Education_and_Parenting.htm

Raising Deaf Kids
www.raisingdeafkids.org

Telecommunications for the Deaf, Inc.
www.tdi-online.org

Early Hearing Detection and Intervention (EHDI)

for Infants and Young Children

Just in Time: Resources for Audiologists