

**DHH  
Mini-  
Guide**



# Desired Results Access Project

## Using the DRDP (2015) with Children Who Are Deaf or Hard of Hearing

Desired Results Access Project

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## DHH Mini-Guide Assessment Checklist

Provide an optimal environment for DRDP (2015) observation while assessing children who are Deaf or Hard of Hearing

Collaboration between the child's family and service providers results in a more accurate assessment of children. Using this checklist to guide collaborative conversations, including with the teacher of the deaf and hard of hearing, can help assessors prepare to use the DRDP (2015) to conduct ongoing informed and meaningful assessments of children who are deaf or hard of hearing.

### Become knowledgeable about child's language & communication

- Learn about the child's home language
- Understand the child's language and communication approaches
- Learn about the child's type and level of hearing
- Learn about the child's amplification devices

### Help the child understand & communicate in the environment

- Ensure someone is present who can communicate using the child's language and communication mode
- Be sure to have the child's full attention
- Maintain close proximity between the speaker/signer and the child ensuring the child can see the speaker's face
- Provide time and prompts to help the child locate the person who is speaking or signing
- Use facial expressions that convey the intended message
- Give the child time to communicate
- Give the child the opportunity to visually inspect items prior to communicating
- Encourage the child to scan and respond to the visual environment
- Encourage the child to attend to the auditory environment
- Check frequently for understanding

### Optimize the environment for observation

#### Optimize positioning

- Make sure the child's back is to the window or light source
- Provide preferential seating in groups
- Organize the environment to maximize one-to-one communication
- Locate activities away from air conditioner and/or heating vents as much as possible

#### Optimize visual access

- Minimize visual distractions
- Display visual schedules
- Arrange the environment to support visual access
- Provide visual supports

#### Optimize auditory access

- Check amplification technology daily
- Minimize auditory distractions
- Create quiet spaces
- Promote the child's participation in activities involving music

For more information: [DRAccess.org/UsingDRDP2015ChildrenDHH.html](http://DRAccess.org/UsingDRDP2015ChildrenDHH.html)

## Using the DRDP (2015) with Children Who Are Deaf or Hard of Hearing

# DHH Mini-Guide 1

## Become knowledgeable about the child's language & communication

### Learn about the child's home language

- Communicate with the family about the home language to understand the impact of the home language on the child's communication.
- Develop a plan for communicating with family members when the home language of the child's family is other than spoken English.

### Understand the child's language and communication approaches

Language and communication are *different* yet intertwined:

- **Language** – Language is “a socially shared code or conventional system for representing concepts through the use of arbitrary symbols and rule-governed combinations of those symbols” (Owens, 2012, p.6).
  - Familiarize yourself with the child's **language**.
  - Examples of languages include English, Spanish, and American Sign Language.
- **Communication** – Communication is the process used to exchange information and ideas, needs and desires. (Owens, 2012).
  - Familiarize yourself with the child's **communication mode**.
  - Differences in communication modes (auditory vs. visual) are based on the degree to which the child will use residual or amplified hearing only, vision only, or a combination of hearing and vision for communicating.


The primary communication methods and educational approaches include:

- **Bilingual Approach:** Uses American Sign Language (ASL) as the first language, spoken English based on the individual child's goals, and written English to support literacy.
- **Listening and Spoken Language (LSL):** Focuses on listening to develop speech.
- **Total Communication (TC) or Simultaneous Communication (SimCom):** Uses both speech and manual signs at the same time.

Other ways that children might communicate include visual representations of spoken English including:

- **Cued Speech** – a visual mode of communication (originally intended as a therapy tool) that encourages maximum use of residual hearing. Cued Speech uses hand shapes or “cues” positioned at locations on the face or head in conjunction with the natural mouth movements of speech; each cue expresses a different sound of spoken language.
- **Signing Exact English (SEE)** – incorporates spoken English along with consistent visual coding that attempts to correspond with English grammar and syntax.
- **Pidgin Signed English (PSE) and Conceptually Accurate Signed English (CASE)** – incorporates the conceptual signs of ASL and the spoken word order of English.

#### For more information

- Contact the teacher of the deaf and hard of hearing in your local school district
- Refer to: *Using the DRDP with Children Who are Deaf or Hard of Hearing*   
[DRAccess.org/UsingDRDP2015ChildrenDHH.html](https://DRAccess.org/UsingDRDP2015ChildrenDHH.html)

## Using the DRDP (2015) with Children Who Are Deaf or Hard of Hearing

# DHH Mini-Guide 2

## Become knowledgeable about the child's level & type of hearing

### Type of hearing

Locate and understand information about the child's type of hearing. The type of hearing will affect the child's ability to hear and understand speech sounds and spoken language.

- **Unilateral:** decreased hearing in one ear
- **Bilateral:** decreased hearing in both ears
- **Conductive:** decreased hearing that results from problems or obstructions in the outer ear, ear canal or middle ear, such as fluid and ear infections
- **Sensorineural:** decreased hearing involving the inner ear, which may be caused by exposure to loud noises, infection or disease, or a genetic disorder
- **Mixed:** decreased hearing including both conductive and sensorineural components
- **Auditory Neuropathy Spectrum Disorder (ANSD):** a problem in the transmission of sound from the inner ear to the brain; hearing a sound or conversation may “cut in and out” during single words or sentences

### Level of hearing

Locate and understand information about the child's level of hearing. The level of hearing will affect the child's ability to hear and understand speech sounds and spoken language. The broad ranges of decreased hearing are:

- Slight - 16dB-25dB (decibels)
- Mild - 26dB-40dB
- Moderate – 41dB-55dB
- Moderately severe – 56dB-70dB
- Severe - 71dB-90dB
- Profound - 91dB and above

### Different levels of hearing in each ear


- A child may have one level of hearing in one ear (e.g., mild) and a different level in the other ear (e.g., severe) or may have decreased sensorineural hearing in one ear and decreased conductive hearing in the other.
- There may also be various levels of hearing for different frequencies of sounds. Vowel sounds are lower frequency sounds, so a child with difficulty hearing high frequency sounds may be able to hear primarily vowel sounds rather than higher frequency consonant sounds. This child may hear “go-ge-ur-oo” for “Go get your shoe.”
- Children who have colds, fluid in their ears, or ear infections may temporarily have difficulty in hearing.

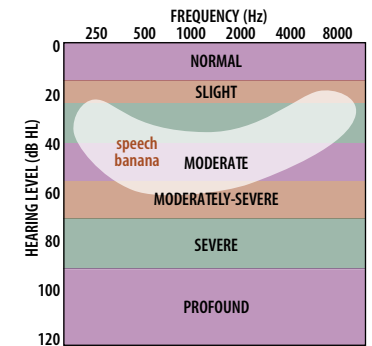
### Hearing levels with additional disabilities

Estimates indicate up to 40% of children who are DHH also have another disability.

- Become knowledgeable about the child's hearing and communication development as well as the child's disability.
- Implement adaptations or strategies specific to the additional area(s) of disability as well as adaptations and strategies specific to hearing.
- Check frequently for understanding.

#### For more information

- Contact the teacher of the deaf and hard of hearing in your local school district
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### If a child has amplification technology:

- Perform daily checks to ensure that the device (e.g., hearing aid, cochlear implant, or FM system) is functioning optimally and ensure the child is wearing the device consistently.

### Amplification devices include:


- **Hearing Aid(s).** An electronic digital device worn in or behind the ear. Each hearing aid is designed for the individual child's unique needs based on an audiological evaluation that identifies which specific sounds need to be amplified and by how much.
  - Hearing aids can be worn by very young infants so that they will not miss out on the opportunity to develop their auditory potential from an early age.
  - Use of amplification systems should include services from a team of professionals who help the child learn to listen and produce speech sounds and possibly spoken language.
- **BAHA (Bone anchored hearing aid).**
  - A *BAHA soft band* is a device connected to a headband worn by the child and placed on the mastoid bone to transmit sounds through vibrations.
  - The *bone anchored hearing aid* is a device that is surgically implanted (typically after age 5) on the mastoid bone which transmits sounds through vibrations.
- **Cochlear Implants.** If a child has severely or profoundly reduced hearing due to a sensorineural cause and has not benefitted from a hearing aid, a cochlear implant may be surgically implanted into the cochlea (inner ear).
  - Cochlear implants do not simply amplify sound; they send an electronic signal along the auditory nerve to the brain.
  - Children with cochlear implants need follow-up services from specially trained audiologists, teachers credentialed in the area of deafness, and speech and language pathologists in order to learn to listen with the cochlear implant and communicate using spoken language.
- **FM Systems.** A frequency modulation (FM) system is a wireless system that transmits sound directly from the sound source (a microphone worn by the speaker) to the receiver in the child's amplification technology or to a separate classroom sound-filed/speaker system.
  - FM systems provide assistance for hearing in environments where it might be difficult to hear or listen, such as in a noisy classroom, large room, or a room that has echoes.



mastoid bone



### For more information

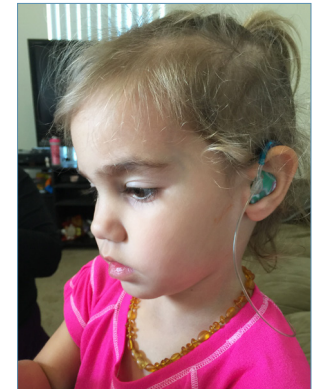
- Contact the teacher of the deaf and hard of hearing in your local school district
- Refer to: *Using the DRDP with Children Who are Deaf or Hard of Hearing*  [DRAccess.org/UsingDRDP2015ChildrenDHH.html](https://DRAccess.org/UsingDRDP2015ChildrenDHH.html)

### Appropriate communication must occur in all aspects of the daily routine


- Ensure the child understands what is occurring in the environment.
- Have strategies in place to help a child communicate when assessing on the DRDP (2015), particularly for the language and literacy measures.
- Ensure the language and literacy measures are observed using the child's designated mode of communication.
- Encourage the use of appropriate and supportive interaction strategies.

### Ways to help the child understand and communicate in the environment:

- Ensure someone is present who can communicate using the child's communication mode
- Be sure to have the child's full attention
- Maintain close proximity between the speaker/signer and the child ensuring the child can see the speaker's/signer's face
- Provide time and prompts to help the child locate the person who is speaking or signing
- Use facial expressions that convey the intended message
- Give the child time (an additional 3-5 seconds) to communicate and respond
- Give the child the opportunity to visually inspect items prior to communicating
- Encourage the child to scan and respond to the visual environment
- Check frequently for understanding



### For more information

- Contact the teacher of the deaf and hard of hearing in your local school district
- Refer to: *Using the DRDP with Children Who are Deaf or Hard of Hearing*  [DRAccess.org/UsingDRDP2015ChildrenDHH.html](https://DRAccess.org/UsingDRDP2015ChildrenDHH.html)

### Optimize Positioning

- Ensure the child's back is to the window or light source
- Provide preferential seating in groups: position the child 3-6 feet from the speaker, with direct visual access to all participants
- Organize the environment to maximize one-to-one communication
- Locate activities away from air conditioners and/or heating vents as much as possible

### Optimize Visual Access

- Minimize visual distractions
- Display visual schedules
- Arrange the environment to support visual access
- Provide visual supports that enhance comprehension of an activity




Photo credit: <https://teaching2and3yearolds.com>

### Optimize Auditory Access

- Check amplification technology daily (refer to Mini-Guide 3 *child's amplification technology*)
- Minimize auditory distractions
- Create quiet spaces
- Promote the child's participation in activities involving music

#### For more information

- Contact the teacher of the deaf and hard of hearing in your local school district
- Refer to: *Using the DRDP with Children Who are Deaf or Hard of Hearing* 

Since infants and young children cannot report that a hearing aid is working properly, check their hearing aids every day. Daily listening checks will identify problems that may affect a children's ability to hear at their best. Consult with the teacher of the deaf and hard of hearing to learn how to do this check correctly.

1. Turn the hearing aid off and put the volume control at the lowest number.
2. Place the earmold close to your ear.
3. Turn the hearing aid on or turn the volume wheel barely on. The sound should be clear with no static or crackling noise.
4. Slowly turn the volume control up. Say the following sounds at an average voice level while holding the hearing aid approximately 10 inches away from you (do not shout or whisper): "oo" as in "who"; "ee" as in "we"; "ah" as in "father"; "s" as in "so"; "sh" as in "she"; "m" as in "mmm."
5. Examine the hearing aid: the opening of the canal should be clear of earwax. The tubing should be free of any moisture beads or clouding and not bent or twisted. The tubing should be soft.
6. Report any problems to the child's family and the teacher of the deaf and hard of hearing.



Adapted from:  
The Insite Model  
SKI\*HI Institute  
Utah State University



#### For more information

- Contact the teacher of the deaf and hard of hearing in your local school district
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