As a family raising a child with hearing loss, you will navigate your way through a variety of challenging decisions. You may find the two most daunting to be: which mode of communication is best for my child and our family; and what is the best educational placement for my child. The varied and often opposing viewpoints held by professionals, friends and family members can create anxiety as you strive to make the right choices for you and your child.

This booklet is designed to present descriptions of the more common options you will encounter. It was our goal to present the information in a clear and non-biased format. We hope that you will find it to be a valuable resource.
### Communication Options

<table>
<thead>
<tr>
<th><strong>AUDITORY VERBAL</strong></th>
<th><strong>ORAL AUDITORY-ORAL</strong></th>
<th><strong>CUED SPEECH</strong></th>
<th><strong>TOTAL COMMUNICATION</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DEFINITION</strong></td>
<td>A program emphasizing auditory skills.</td>
<td>A visual communication system of eight handshapes (cues) that represent different sounds of speech.</td>
<td>Philosophy of using every and all means to communicate with deaf children. The child is exposed to a formal sign-language system (based on English), finger spelling (manual alphabet), natural gestures, speech reading, body language, oral speech and use of amplification. The idea is to communicate and teach vocabulary and language in any manner that works.</td>
</tr>
<tr>
<td><strong>PARENT TRAINING</strong></td>
<td>Parents need to be highly involved with their child's teacher and/or therapists (speech, auditory-verbal, LSL, etc.) in order to learn training methods and carry them over to the home environment.</td>
<td>Cued speech can be learned through classes taught by trained teachers or therapists. A significant amount of time must be spent using and practicing cues to become proficient.</td>
<td>If parents are not deaf, intensive ASL training and education about deaf culture is desired in order for the family to become proficient in the language.</td>
</tr>
<tr>
<td><strong>FAMILY RESPONSIBILITY</strong></td>
<td>Since parents are primarily responsible for the child's language development, parents are expected to incorporate on-going training into the child's daily routine and play activities. They must provide a language-rich environment, make hearing a meaningful part of all the child's experiences and ensure full-time use of amplification.</td>
<td>Parents are the primary teachers of cued speech to their child. They must be fluent and communicate effectively with their family.</td>
<td>Child must have access to deaf and/or hearing adults who are fluent in ASL in order to develop this as a primary language. If the parents choose this method they will need to become fluent to communicate with their child fully.</td>
</tr>
<tr>
<td><strong>LANGUAGE DEVELOPMENT (RECEPTIVE)</strong></td>
<td>Child learns to speak through the early, consistent and successful use of a personal amplification system (hearing aids, cochlear implant, FM system). Child learns to speak through a combination of early, consistent and successful use of amplification and speechreading.</td>
<td>Child learns to speak through the use of “cues” which represent different sounds.</td>
<td>Language (be it spoken or sign or a combination of the two) is developed through exposure to oral speech, a formal sign language system, speech reading and the use of an amplification system.</td>
</tr>
<tr>
<td><strong>HEARING</strong></td>
<td>Early and consistent use of amplification (hearing aids, cochlear implant, FM system) is critical to this method.</td>
<td>Use of amplification is strongly encouraged to maximize the use of remaining hearing.</td>
<td>Use of a personal amplification system (hearing aids, cochlear implant, FM system) is strongly encouraged to allow child to make the most of his/her remaining hearing.</td>
</tr>
<tr>
<td><strong>EXPRESSION</strong></td>
<td>Spoken and written English</td>
<td>Spoken English sometimes with the use of cues and written English.</td>
<td>At least one, but preferably all family members, should learn the chosen sign language system in order for the child to develop age-appropriate language and communication fully with his/her family. It should be noted that a parent's acquisition of sign vocabulary and language is a long-term, ongoing process. As the child's expressive sign language broadens and becomes more complex, so too should the parents in order to provide the child with a stimulating language learning environment. The family is also responsible for encouraging consistent use of amplification.</td>
</tr>
<tr>
<td><strong>TOTAL COMMUNICATION</strong></td>
<td>To provide an easy, least restrictive communication method between the deaf child and his/her family, teachers and school-mates. The child's simultaneous use of speech and sign language is encouraged as is use of all other visual and contextual cues.</td>
<td>Language (be it spoken or sign or a combination of the two) is developed through exposure to oral speech, a formal sign language system, speech reading and the use of an amplification system.</td>
<td>To be the deaf child's primary language and allow him/her to communicate before learning to speak or even if the child never learns to speak effectively. Since ASL is commonly referred to as “the language of the deaf”, it prepares the child for social access to the deaf community.</td>
</tr>
<tr>
<td><strong>RESOURCES</strong></td>
<td>Cued Speech</td>
<td>Spoken English and/or sign language and finger spelling and written English.</td>
<td>ASL is child's primary expressive language in addition to written English.</td>
</tr>
</tbody>
</table>

Source: BEGINNINGS for Parents of Children Who are Deaf or Hard-of-Hearing, Inc.

---

**AUDITORY VERBAL UNSENSORY**

- Focuses on auditory processing.
- Emphasis on listening skills.
- Use of amplification.
- Visual aids may be utilized.

**ORAL AUDITORY-ORAL**

- Combination of oral and auditory techniques.
- Focus on speech development.
- Use of amplification.
- Emphasis on social interaction.

**CUED SPEECH**

- Use of handshapes to represent sounds of speech.
- Integrated with spoken language.
- Use of amplification.

**TOTAL COMMUNICATION**

- Combination of spoken, written, and sign languages.
- Use of amplification.
- Emphasis on social interaction.

**AMERICAN SIGN LANGUAGE/ENGLISH AS A SECOND LANGUAGE (ASL/ESL)**

- Emphasis on sign language.
- Use of amplification.
- Emphasis on social interaction.

**BILINGUAL/BICULTURAL**

- Integration of both oral and sign languages.
- Use of amplification.
- Emphasis on social interaction.
Educational Placements

The following descriptions are meant to provide a brief introduction to the most common options available in the United States. Families are encouraged to explore their options and to seek the support of trusted professionals while making their decisions. A desirable setting may not be offered in every school district, in which case the family may choose to challenge their limited selection.

In addition, it is important to remember that each child has unique strengths and challenges, which may change as he/she moves through the school years. Educational laws are designed to allow families to re-evaluate their child's educational setting and, with help from the school, make appropriate changes.

Mainstream Placement

Mainstreaming is defined as placing children with disabilities in regular schools and classrooms where they follow the mainstream academic curriculum, without significant problems or the need for teachers to make curriculum adaptations. Parents and professionals should not confuse mainstreaming with inclusion, which means a child is placed in a regular classroom regardless of the degree of their disability or their ability to access the regular curriculum. (Cynthia S. Robinson, M. Ed., CED. Mainstream Assessment of Readiness for Children Over Five – MARCOF)

Inclusion

The student attends all classes with hearing peers, usually in their home school district. The school provides appropriate support services that help the child succeed in school. While some children will need a lot of support, others will need less. These services may include: speech and language therapy, assistive listening systems, interpreters, curriculum and test-taking accommodations, resource services, physical or occupational therapies, as well as others that have been identified as necessary. Children educated in an inclusionary setting typically communicate using either spoken language, an English-based sign language, or Cued Speech. This is not a common setting for students whose language is based in American Sign Language (ASL).

Partially Mainstreamed

The student spends part of the day in a self-contained class and part of the day in an inclusionary setting.

Self-Contained Classroom

The student is in a class made up entirely of children with hearing loss, which is taught by a Teacher of the Deaf. Often times, the class is within a larger public school with typically hearing children. Children educated in this type of setting communicate using either spoken language, Cued Speech, or sign language.

Reverse Mainstream

This refers to a class that includes a balanced mix of students with and without hearing loss. The class is typically taught by a team of one Teacher of the Deaf and one general education teacher.

School for the Deaf – day program

The entire student body is comprised of children with hearing losses. The children are generally bussed from their home district to a program that serves a wide regional area. These programs base their educational approaches on one of the following: auditory/oral, ASL, or total communication philosophies.

Residential School

The student attends and lives at a school for the deaf. These schools also follow one of the three philosophies listed above.

It is important to note that families who adhere to the Auditory-Verbal approach will not typically place their child in a specialized program. The very nature of an auditory-verbal philosophy specifies that the child attend a fully inclusionary educational setting with necessary support services.

Questions for families to ask when exploring an educational setting

1. What are the school's expectations for a student with hearing loss?
2. What is the school's philosophy with regards to auditory development for a child with hearing loss?
3. If it is a school for the deaf, what opportunities are there for interaction with hearing peers and/or mainstream classrooms?
4. How much experience does the school have with educating students with special needs?
5. What is the school's policy regarding classroom observations by parents and other team members?
6. Is the staff willing to work with professionals from a different facility?
REFERENCES

Alexander Graham Bell Association for the Deaf and Hard of Hearing
3417 Volta Place NW
Washington, D.C. 20007
(202) 337-5220 - Voice
(202) 337-5221 - TTY
(202) 337-8314 - FAX
www.agbell.org

Auditory-Verbal Principles and Practices
For more information contact Alexander Graham Bell Association for the Deaf and Hard of Hearing

BEGINNINGS -
For Parents of Children Who are Deaf or Hard of Hearing
P.O. Box 17646
Raleigh, NC 27619
1-800-541-hEAR (V/TTY)
toll free for NC residents only
1-919-850-2746 (V/TTY)
local and outside NC
www.ncbegin.com

Cued Speech
www.cuedspeech.org

Listen-Up
www.listen-up.org - This is a website created by a parent of a child with hearing loss. It covers a broad spectrum of issues related to hearing loss.

National Association of the Deaf
814 Thayer Ave.
Silver Spring, MD 20910-4500
(301) 587-1788 Voice
(301) 587-1789 TTY
(301) 587-1791 FAX
www.nad.org

National Center on Low-Incidence Disabilities
NCLID - McKee Hall
Campus Box 146
University of Northern Colorado
Greeley, CO 08639
1-800-395-2693
www.nclid.unco.edu - information and resources regarding educational law presented in a family-friendly format.

MED-EL Corporation, USA
2511 Old Cornwallis Road, Suite 100
Durham, NC 27713, USA
Tel.: 919-572-2222
Fax: 919-484-9229
Toll Free: (888) MED-EL-CI (633-3524)
usaeducators@medel.com

www.medel.com

MED-EL Medical Electronics
Headquarters
Fürstenweg 77a
6020 Innsbruck, Austria
office@medel.com

www.medel.com