

Relationship of Hearing Loss to Listening and Learning Needs

56-70 dB HEARING LOSS		
Possible Impact on the Understanding of Language and Speech	Possible Social Impact	Potential Educational Accommodations and Services
<ul style="list-style-type: none"> • Even with hearing aids, child will typically be aware of people talking around him/her, but will miss parts of words said resulting in difficulty in situations requiring verbal communication (both one-to-one and in groups). • Without amplification, conversation must be very loud to be understood; a 55 dB loss can cause a child to miss up to 100% of speech information without functioning amplification. • If hearing loss is not identified before age one year and appropriately managed, delayed spoken language, syntax, reduced speech intelligibility and flat voice quality is likely. • Age when first amplified, consistency of hearing aid use and early language intervention strongly tied to success of speech, language and learning development. • Addition of visual communication system often indicated if language delays and/or additional disabilities are present. • Use of a personal FM system will reduce the effects of noise and distance and allow increased auditory access to verbal instruction. • With hearing aids alone, ability to understand in the classroom is greatly reduced by distance and noise. 	<ul style="list-style-type: none"> • If hearing loss was late-identified and language delay was not prevented, communication interaction with peers will be significantly affected. • Children will have greater difficulty socializing, especially in noisy settings such as lunch, cooperative learning situations, or recess. • Tendency for poorer self-concept and social immaturity may contribute to a sense of rejection; peer inservice helpful. 	<ul style="list-style-type: none"> • Full time, consistent use of amplification (hearing aids + FM system) is essential. • May benefit from frequency transposition (frequency compression) hearing aids depending upon loss configuration. • May require intense support in development of auditory, language, speech, reading and writing skills. • Consultation/supervision by a specialist in childhood hearing impairment to coordinate services is important. • Use of sign language or a visual communication system by children with substantial language delays or additional learning needs, may be useful to access linguistically complex instruction. • Note-taking, captioned films, etc. often are needed accommodations. • Teacher inservice required.

Resources:

Starkey's online Hearing Loss Simulator
<http://www.starkey.com/hearing-loss-simulator>

UCSF Children's Communication Center Video Outreach ListenUp! Program for information on how we can make a personalized video for your child on his/her unique hearing loss.
www.ohns.ucsf.edu/listenup

Please Consider Indicated Items in the Child's Educational Program:

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| <input type="checkbox"/> Teacher inservice and seating close to teacher | <input type="checkbox"/> Hearing monitoring at school every ____mos. | <input type="checkbox"/> Amplification monitoring |
| <input type="checkbox"/> Contact your school district's audiologist | <input type="checkbox"/> Protect ears from noise to prevent more loss | <input type="checkbox"/> Educational support services/evaluation |
| <input type="checkbox"/> Screening/evaluation of speech and language | <input type="checkbox"/> Note-taking, closed captioned films, visuals | <input type="checkbox"/> FM system trial period |
| <input type="checkbox"/> Educational consultation/ program supervision by specialist(s) in hearing loss | <input type="checkbox"/> Regular contact with other children who are deaf or hard of hearing | |
| <input type="checkbox"/> Periodic educational monitoring such as October and April teacher/student completion of SIFTER, LIFE | | |

NOTE: All children require full access to teacher instruction and educationally relevant peer communication to receive an appropriate education.

Distance, noise in classroom and fragmentation caused by hearing loss prevent full access to spoken instruction. Appropriate acoustics, use of visuals, FM amplification, sign language, notetakers, communication partners, etc. increase access to instruction. Needs periodic hearing evaluation, rigorous amplification checks, and regular monitoring of access to instruction and classroom function (monitoring tools at www.SIFTERanderson.com).