

in class hard of hearing children face misunderstanding

By Kym Meyer

“Your son won’t need any modifications in school because he only has a mild hearing loss.”

“She seems to hear fine, so she doesn’t need an FM system.”

“He only has a hearing loss in one ear, so he won’t have any problems in school.”

I wish that doctors and educators would avoid phrases such as these. These statements represent a misunderstanding on the part of medical personnel and trusted professionals, and they are issued far too often to parents of children who have mild-to-moderate hearing loss. Children who are deaf get immediate attention because it is obvious that they need specialized educational programming. But what about the hard of hearing child? Children with mild or moderate hearing loss almost always attend public schools, but once there, they do not always

receive the modifications or equipment they need to access the curriculum. These children may be labeled as having Attention Deficit Hyperactive Disorder (ADHD) and/or as “behavior problems.” They are accused of daydreaming and not paying attention in class. The needs of hard of hearing children do not appear to be as great as those of deaf children, and they are often overlooked.

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Right: In class, hard of hearing children face a different struggle from that of deaf children—but the struggle is just as great.





Yet their struggles and needs—while they are different from those of deaf children—are just as great. Lisa, a fifth-grade student and very good self-advocate who loved school, had a moderate hearing loss and wore hearing aids. One day her classroom teacher said, “She doesn’t need that FM system. She heard me fine when I asked her how she was doing when her back was to me.” Without meeting this teacher’s concern directly, it might have resulted in discontinuance of Lisa’s FM system. But once the concern was stated, the team had the opportunity to discuss and reinforce the importance of using an

FM. We could explain to the teacher the difficulties that hard of hearing children face in processing language and learning new academic content in contrast to their ability to respond to a simple personal question.

But sometimes the teacher doesn’t have a chance to explain—because a mild hearing loss goes undiagnosed. Andrew was diagnosed with ADHD when he could not sit still in kindergarten. In first grade, he was lucky to have an astute classroom teacher who thought he might have difficulty hearing. Andrew was referred to an audiologist who tested him

and confirmed that he had a mild hearing loss in both ears. Hearing aids and an FM system facilitated Andrew's entry into the classroom. His ADHD behaviors—and diagnosis—disappeared.

Classrooms are language-rich listening environments, but they are also large and noisy. Children with mild hearing loss may be able to understand their teacher or classmate on a one-to-one basis; they may be able to follow class discussions with the assistance of technology. Still, they cannot reliably access the incidental learning that takes place in every classroom. They may miss a response from a student across the room, a comment from the teacher about an incorrect answer, or a new topic raised as the teacher writes on the blackboard.

Background noise is a critical problem for hard of hearing children. Classrooms are full of hard surfaces, so ambient noise is amplified and reverberates around the room. Chairs scrape across the floor, papers rustle, heaters hum or whistle, and students pass noisily through the hallways outside of the classroom. All of these distractions can cause a child with a hearing loss to miss part of what is going on in the classroom—a piece of a discussion, an answer to a question, or the pages to be read for a homework assignment. The combination of classroom acoustics, noise, and distance can make it impossible for a hard of hearing child to understand the teacher or other children.

The Hard of Hearing Child: Identification and Education

Currently, 38 states have enacted laws requiring hospitals to screen newborns for hearing loss (National Center for Hearing Assessment and Management, 2002). These screenings determine whether or not the infant needs to be referred to an



audiologist for a complete hearing evaluation. But this policy is new in most states, and in some states it is still possible to find children like Andrew, with a mild hearing loss in both ears or advanced hearing loss in one ear, who have been overlooked or misdiagnosed. Often these children are discovered through a kindergarten hearing screening. Some of these children may have had years of speech therapy without being identified as hard of hearing.

Once a child is identified as having a hearing loss, he or she should be monitored closely through regularly scheduled hearing tests administered by a pediatric audiologist. Children with mild hearing loss may benefit from hearing aids or assistive technology (such as FM systems), and these options should be discussed with the audiologist. The youngest children are eligible for an evaluation through Early Intervention (EI) to determine whether speech and language services are needed. Children receive EI services up to the age of 3. As the child's third birthday approaches, the EI case manager helps the child and his or her family transition to the local public school. From then on the school determines the child's services and accommodations. Although the Individuals with Disabilities Education Act explicitly covers children with a hearing loss, those who are on target academically and whose hearing loss is not believed to have an impact on their ability to learn sometimes do not qualify for special education status. These children are not entitled to a yearly Individualized Education Program (IEP).

Nevertheless these children may be eligible for technology or accommodations under Section 504 of the 1973 Rehabilitation Act, a civil rights law that provides that no one may be excluded from participation in or denied benefits of any program or activity receiving federal funds. A 504 plan can be developed for children with a mild hearing loss who have been determined ineligible for special education; such plans can include appropriate acoustical and teaching accommodations and classroom listening equipment.

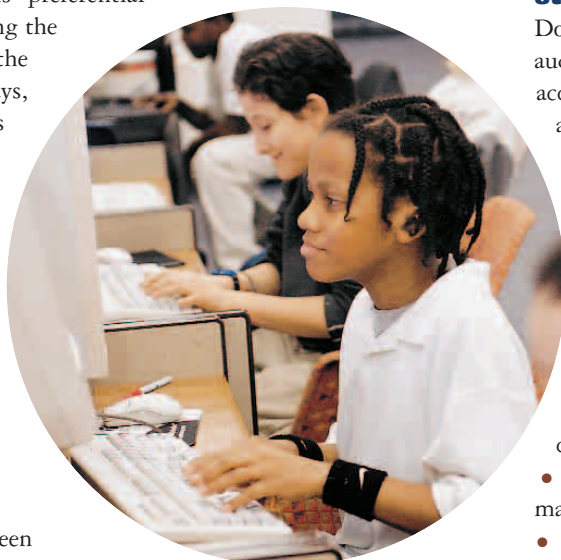
The Educational Audiologist: A Critical Team Member

Once hearing loss is identified, a team composed of teachers, school administrators, and the child's parents together determine the child's status and work out the specific accommodations and services that the child will receive. This team develops an IEP or 504 plan. An educational audiologist should be included as part of the team of any child with any degree of hearing loss or auditory impairment such as an auditory processing disorder. Educational audiologists are certified and licensed in their states and trained to work in the schools. Some hold a teaching certification as well. An educational audiologist can determine whether or not a

hard of hearing child is accessing the curriculum and make appropriate recommendations based on classroom observations, teacher interviews, and objective testing that includes, but is not limited to, standard hearing testing. Classrooms may accommodate hard of hearing children in a myriad of ways, but not every modification is appropriate for every child. Schools and parents can feel overwhelmed by the task of determining what is appropriate. An educational audiologist can also coordinate the selection and ordering of technology for the school district. If your school does not employ an educational audiologist, ask the child's clinical audiologist for a referral or locate one through the Educational Audiology Association.

One of the recommendations often seen for classroom accommodation is "preferential seating," or sitting the child in front of the teacher. These days, however, teachers place students in groups, and students and teachers move throughout the classroom; this system makes it difficult for a child with any hearing loss to follow. Assistive technology has been proven beneficial and provides flexibility for these children (Rosenberg, 1998). Educators may be familiar with FM systems, the "box" with wires going to the ears that the child wears, with a microphone used by the teacher. FM systems are designed to bring the teacher's voice directly to the student, reducing the effect of background noise and reverberation in the classroom.

Technology has improved in the last 10 years. Soundfield amplification, a system of speakers in a classroom, benefits children with mild hearing loss, auditory processing disorders, cochlear implants, and attentional issues (Crandall, 1998). Different models of Soundfield amplification are available, and the technology changes constantly. Some educational audiologists recommend infrared instead of FM carrier waves to reduce interference. For students who wear hearing aids, Soundfield and personal FM systems should still be considered, since hearing aids amplify all sound, including unwanted background noise, and only pick up sound less than 10 feet away. Personal FM has also improved. The "boxes" are much smaller, and some systems are contained in a "boot" that attaches to the hearing aid—no box or wires.



Parents: What can you do when your child is identified with a hearing loss?

- Let the school know and provide a copy of the child's audiogram and the clinical audiologist's recommendations.
- Advocate for your child, but be respectful to school personnel. They want what is best for your child as much as you do.
- Be a resource to your school's team, which may include people who have not previously worked with a hard of hearing child. Provide referrals, Web sites, and articles—all of which can help to identify appropriate accommodations for your child.

Educators: What can you do when your student has a hearing loss?

Don't go it alone! Contact your district's educational audiologist to help determine the most effective way to accommodate your hard of hearing student. An educational audiologist can collaborate with a teacher of the deaf and a speech pathologist, since these specialists have complimentary areas of expertise. Your educational audiologist can:

- determine whether or not your student is accessing the curriculum,
- sort out the assistive technology recommendations to make classroom content accessible,
- fit personal FM devices,
- make recommendations to improve acoustics in a classroom,
- collaborate with teachers to implement strategies that will make content accessible,
- provide an in-service experience that might include listening to a tape which simulates hearing loss (this is an eye-opener to many educators), and
- monitor your student over time.

We all want children to succeed in school. Children with any hearing loss can miss the incidental learning that goes on in a classroom. Appropriate accommodations and teaching strategies recommended by an educational audiologist can enhance access.

References

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