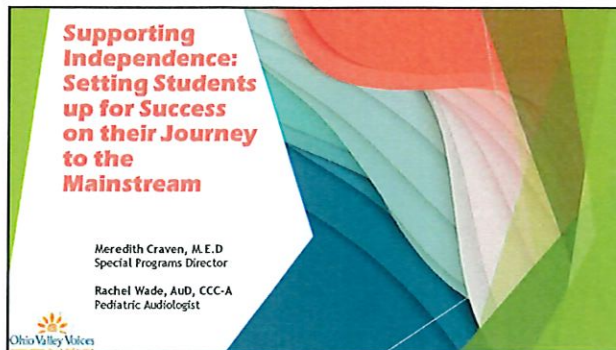




**Supporting Independence:
Setting Students
up for Success
on their Journey
to the
Mainstream**

Meredith Craven, M.E.D.
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Pediatric Audiologist

Ohio Valley Voices

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DISCLOSURE



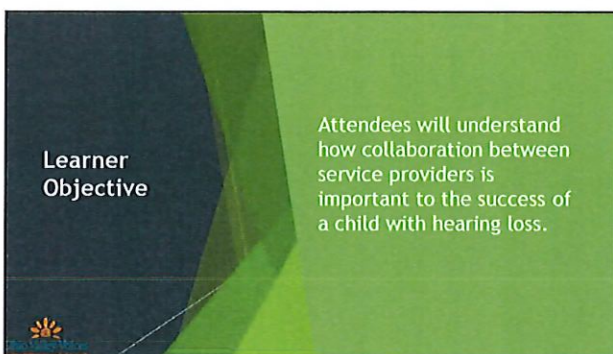
EMPLOYEES OF OHIO VALLEY
VOICES



NO FINANCIAL DISCLOSURES

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2

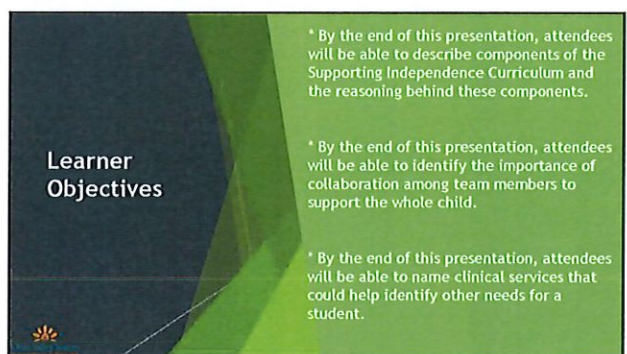


**Learner
Objective**

Attendees will understand
how collaboration between
service providers is
important to the success of
a child with hearing loss.

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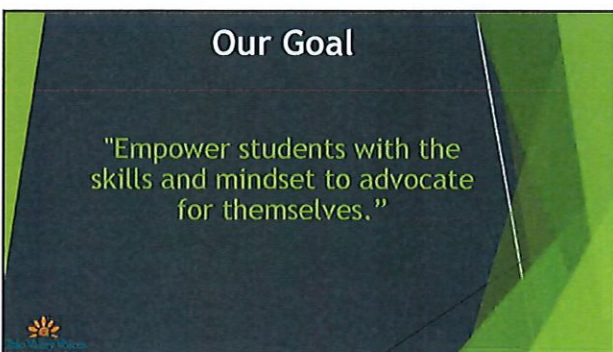


**Learner
Objectives**

- * By the end of this presentation, attendees will be able to describe components of the Supporting Independence Curriculum and the reasoning behind these components.
- * By the end of this presentation, attendees will be able to identify the importance of collaboration among team members to support the whole child.
- * By the end of this presentation, attendees will be able to name clinical services that could help identify other needs for a student.

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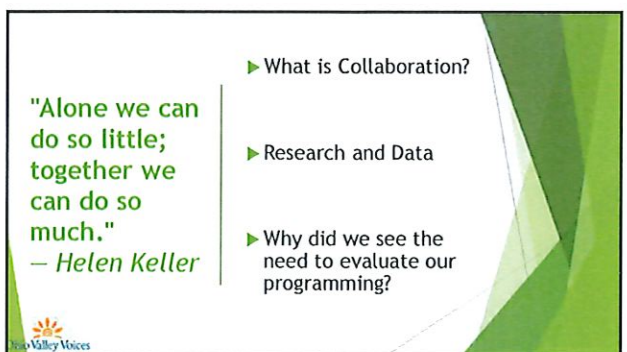


Our Goal

"Empower students with the
skills and mindset to advocate
for themselves."

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**"Alone we can
do so little;
together we
can do so
much."
— Helen Keller**

- What is Collaboration?
- Research and Data
- Why did we see the need to evaluate our programming?

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Collaboration

- A recent study (Gustafson, 2024) highlighted the importance of collaboration between teachers of students who are deaf and hard of hearing and educational audiologists. This collaboration is crucial for developing successful, comprehensive service delivery plans for these students. However, only 59% of special educators reported having access to an educational audiologist in some or all of their schools, and only 63% of those with access rated their collaboration as moderately or extremely good (Knickelbein & Richburg, 2012). Among speech-language pathologists (SLPs) surveyed, 61% had access to an audiologist in all or some of their schools, but only 37% rated the strength of collaboration with educational audiologists as moderately or extremely good (Richburg & Knickelbein, 2011).



Gustafson, S. J., Newsome, E., Felling, M., & Segura, J. (2024). Survey of collaboration supporting students who are deaf and hard of hearing. *Journal of Deaf Studies and Deaf Education*, 29(4), 310-326.

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Journey to the Mainstream



EARLY INTERVENTION
AND EDUCATION



SPECIALIZED
PROGRAMMING AND
CLINICAL SERVICES



MAINSTREAM AND
BEYOND



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Early Intervention and Education

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Foundational Questions to Ask

What are the family's communication goals for the child?

What other providers should be a part of this child's care team?

Collaboration with ENT, speech pathologists, PT, DDBP

Are there any secondary factors that need attention?

What is the child's etiology of hearing loss? Are we at risk of progression?



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Helping a
caregiver
understand
their child's
hearing loss



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Why Cochlear Implant Wear Time Matters

Child A Listens 100% of Waking Hours	Child B Listens 60% of Waking Hours	Child C Listens 20% of Waking Hours
Normal spoken language at age 3	Delayed spoken language at age 3	Severely delayed spoken language at age 3

More speech in = More speech out
Children implanted over 12 months need to listen more than 80% of their day for normal spoken language scores.



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Wear Time Action Plans

Action Steps to accomplish Appropriate HA, CI Wear Time

Child's Name _____ Date of Birth _____
 Date of initial fitting Left and Right _____
 Date of initial fitting Left and Right _____
 Wear time as of 9/15/25 _____ Right _____
 Current Wear Time (as of 9/15/25) _____ Right _____
 Initial Plan Date _____
 Benchmark _____
 Completion of Plan Date _____

Goal	Action Steps	Person in Charge of action step	Date of completion	Parent notes	OK time

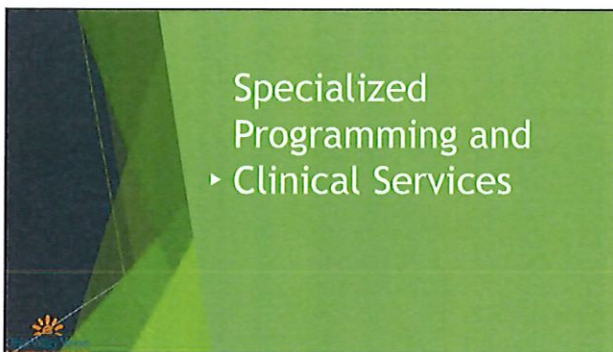
Parent observation of the child at home



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Supporting Independence Curriculum

What we asked:

- In the areas of self-advocacy and device management, what skills do the children have without explicit direct instruction and device management?
- What skills were necessary to ensure the children had device management and self-advocacy knowledge to be independent with their hearing loss?





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Preschool	Supporting Independence standards	Mastery	Baseline	collecting baseline	what mastery looks like	Device Advocacy
SL.PS.1	Child can indicate important hearing aid/battery status	85%		ask child to turn their hearing aid on	child is turned correctly on	x
SL.PS.2	Child can turn on device	85%		ask child to turn on device	device is put on properly	x
SL.PS.3	Child can turn off device	85%		ask child to turn off device	child turns device off and on	x
SL.PS.4	Child can tell if device is not working	85%		ask child to tell if device is not working	child indicates device is not working	x
SL.PS.5	Child can tell if device is not working (e.g., battery, volume, etc.)	85%		ask child to tell if device is not working	child indicates in some way that they did not hear	x
SL.PS.6	Child can tell if device is not working (e.g., battery, volume, etc.)	85%		ask child to tell if device is not working	child indicates in some way that they did not hear	x
SL.PS.7	Child can tell if device is not working (e.g., battery, volume, etc.)	85%		ask child to tell if device is not working	child indicates in some way that they did not hear	x
SL.PS.8	Child can tell if device is not working (e.g., battery, volume, etc.)	85%		ask child to tell if device is not working	child indicates in some way that they did not hear	x
SL.PS.9	Child can tell if device is not working (e.g., battery, volume, etc.)	85%		ask child to tell if device is not working	child indicates in some way that they did not hear	x
SL.PS.10	Child can tell if device is not working (e.g., battery, volume, etc.)	85%		ask child to tell if device is not working	child indicates in some way that they did not hear	x



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[illegible]

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Vestibular Dysfunction in D/HH Kids

- Approximately 50% of children born with hearing loss also have vestibular dysfunction
- Etiologies that are most associated with vestibular dysfunction are EVA, CMV, Rubens Syndrome
- In school age kids, presents as frequent falls, difficulties in reading, blurry vision, difficulty playing sports
- Identifying these kids gets them into vestibular therapy to help compensate for a vestibular impairment

Indicators of Vestibular Impairment in Children Who Are D/HH

- 1 Disoriented/unsettled
- 2 Difficulty sitting independently
- 3 Lack interest in walking
- 4 Clumsy
- 5 Chronically
- 6 Uncoordinated
- 7 Frequent falls
- 8 Difficulty walking on uneven surfaces (grass, dirt, gravel)
- 9 Stumbles or falls often
- 10 Indiscriminate walking
- 11 Difficulty climbing a slide, swings, or using other devices
- 12 Indiscriminate walking in low light areas
- 13 Disorientation



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Identifying Vestibular Disorders

- ▶ Delayed gross motor milestones
 - ▶ Not sitting by 9 months, not walking by 15 months
- ▶ Ohio Valley Voices has developed a vestibular screening protocol with Cincinnati Children's Hospital for ages 3 and up
- ▶ Identifying these kids early has a huge impact on their learning and gross motor skills
- ▶ Protocol:
 - ▶ Standing on foam, with eyes closed for 10 seconds without falling
 - ▶ Head thrust test, looking for eye movement
 - ▶ Dynamic visual acuity - can the child identify shapes while their head is moving

The logo for Ohio Valley Voices, featuring a stylized orange sunburst icon above the text "Ohio Valley Voices" in a blue serif font.

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Vision Screenings

Vision is the primary sense used for learning in the early years

Audiologists and other health care professionals can get certified in vision screenings if their program does not currently have a set screener

Percent of Children Meeting Vision Screening by Age and Race

Age	White	Black	Hispanic	Other
Age 3-5	95%	90%	90%	90%
Age 6-11	95%	90%	90%	90%
Age 12-17	95%	90%	90%	90%

Percent of Children Meeting Vision Screening by Age and Race

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Age 6-11	95%	90%	90%	90%
Age 12-17	95%	90%	90%	90%

EDVI Every child's vision and eye health is a priority. We are committed to ensuring every child has access to vision care and that their vision is optimal for learning.

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Assistive Technology

- State-required JMAP Growth Assessments are auditory-based
 - Connect every child individually to a HAT system to stream all audio to their devices
- Use HAT systems in tabletop mode
- Make it the child's responsibility to charge the system, give it to the teacher, and attach receivers if necessary
- Use audio splitters to stream full classroom audio
- Teach children how to politely ask teachers to mute, unmute, hand over the microphone, etc.
- Teach the child how to connect themselves to an iPad, Chromebook, etc.

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Mainstream and Beyond

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Audiology Clinic

Services:

- Audiological Evaluations including ABRs, OAEs, etc..
- Speech Perception Testing
- Cochlear Implant Mapping
- Hearing Aid Dispensing
- Speech language evaluation

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Community Outreach

- Participating in local health fairs
- Presenting to high school students about cochlear implants, audiology and our mission
- Presenting to young professionals about cochlear implants, audiology and our mission
- Partnering with local universities for graduate-level research and clinical training
- Collaboration with local children's hospitals
- The goal is to educate the community on hearing loss, to our graduates and more experienced in many areas. The benefit is that they learn about CVI and the mission.

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Summer camps

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