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EHDI Annual Conference

 (March 19, 2024)

9:10 A.M. – 11:55 A.M. (MT)

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**3/19/2024 | 9:40 AM - 10:05 AM | Cornerstones for Kindergarten Readiness | Mineral**

>> All right, everybody, welcome.

A few housekeeping things before we get started.

There is an emergency exit directly behind you, an emergency exits directly behind the presenters.

All CEU information and course evaluations this year are found on the app.

And I am really excited to introduce our two presenters to you today.

So Claire Conrady is a native to Lincoln, Illinois, where she currently resides.

She attended eastern Illinois university to receive her bachelor of science in communication disorders and sciences as well as her Master of Science in speech language pathology.

She is an ISHA and ASH member, and loves learning any and all information regarding speech language and pathology.

She is an Enneagram Type 5.

Her favorite areas to treat include phone logic processes as well as express language disorders.

She serves four schools, preschool through eighth grade.

And Hanna Swearinger is the mother of two boys currently living in Central Illinois with her husband of over ten years and their children.

She is a Parent Guide with Illinois Hands & Voices Guide by Your Side.

Hanna's lifelong passion is advocating for and supporting others.

Her professional background is in mental health and case management for adults with developmental disabilities.

She has a bachelor's degree from the university of Vermont.

>> It's a pleasure to be here.

We are going to go ahead and get started, probably.

Help.

I did it earlier, and it was that button.

Now it doesn't want to play.

Now the arrow works.

Okay.

>> Thanks, Carrie, for checking.

>> Our presentation is called Cornerstones for Kindergarten Readiness.

This is Claire.

We know Claire.

Her and I worked tirelessly on this project together.

Just so you guys know, we do not receive any financial compensation for this.

We're not selling anything, we're not going to win the lottery or become millionaires, and we worked on this with the lovely Carrie Balian and Ginger Mullin.

>> Okay.

So I can know ahead and start with our learning objectives for today.

So our hope is that by the end of this presentation that you guys will be able to identify the benefits of our online learning resource.

The second objective is that you guys will be able to state typical development in each of our four doe mains.

And lastly, that you will be able to state at least two demographics that would benefit from our resource.

So without further ado, we'll go ahead and jump into the early years project.

So the early years project was really spear headed by the question, what are the barriers to kindergarten readiness, which is a really big topic that is really heavily discussed right now.

So some things that may come to mind at first are socioeconomic status, disparities, transportation, family schedules, all of those things, and I'm sure you guys can come up with many, many more barriers to kindergarten readiness.

It is also important to note that some of the programs have their own obstacles that they're facing, as well.

So typically the children that are behind in communication and language upon entering kindergarten are also as at a disadvantage in the areas such as quality of life for the child and family, financing and services, and access to those services.

So our solution was to start intervening as early as possible, and the most feasible way that we saw to do that was in the Home Visiting and early education programs before they entered kindergarten.

So there are many reasons that children who need Early Childhood services are not getting them.

Some of them are really simple and some of them are very, very complex.

So I'm sure, again, you can come up with a very long list.

We just wanted to provide equal access to all children.

>> So like Hanna was saying, we wanted to create something that was easily accessible to anybody, no matter their location, their financial status, their schedule, whatever that barrier may be.

So the early years project is designed to supplement Home Visiting programs as well as early education programs.

So our project really focuses on providing resources, educational materials, activities, all of those things with our primary focus being from 0-6 years of age.

Again, really focusing on that kindergarten readiness.

So our hope is that by providing this database, we are able to mitigate and lessen the efforts of those barriers that both families and education programs are facing.

So throughout our project, we really focus on four different domains.

So these include hearing, vision, communication, and language.

So throughout our presentation, we will interchangeably use the terms, the four doe mains, the four areas, the four developmental areas.

Just know that all of those because words are talking about those four areas.

And remember, our goal is kindergarten readiness.

It can help address specific areas of concern, and it's available to parents, caregivers, Early Childhood professionals, and really anyone else.

The providers can access these materials and activities to inform and engage families during or even in between sessions.

It's designed to improve academic preparedness in improving their overall success in life as well as overcoming barriers to care, success for children with hearing loss, or low vision.

And mitigate the effects of some of the systemic and socioeconomic disparities impacting the programs tailored to ages 2-3 and 3-6 as well as providing online resources, videos, and suggested activities.

The website provides education and tips that are easy to apply and understand as well as tips to refer back to.

The QR code is the link to our early years tab on Illinois Sound Beginnings.

>> So when accessing that QR code, you'll be taken to the Illinois sound beginnings website.

So after accessing that website, at the top of the screen, you'll see the providers tab with all of the drop-down additional tabs, and the last one is going to be the early years project.

So after you access that early years tab, you'll be taken to the screen with our four cute little babies.

Each one describes or represents each of our areas that we are providing resources for.

So we will briefly discuss each one of these today.

So looking at the slide, our lighters are a little off on that, but I promise on the website they're not.

On the top-left corner, you'll see implementation.

Top right corner, learning.

Bottom left corner is activities.

And bottom right corner are resources.

So we'll go ahead and start off by talking about that impression section is what is all included in that area.

So when you access this area, you will find an instruction video, so going through what the early years project is, what our goal is, and how to access and implement each of the areas and resources that we have.

You will also find a conclusion video.

So for each of the four doe mains, we will have an educational video for each of them.

So the conclusion video is meant to be watched after watching all four of those to tie them all in together and then empower families, okay, what are we going to do with these resources and now, and how can I use them?

And lastly, under the implementation section, you will find an implementation guide or a letter for professionals, against just outlining how to access our materials, what's all included, and how to navigate our website.

So located to the right of the implementation link, you will find the link entitled Learning.

This is an example of what you will find under the learning section in each module for today, demonstrative purposes, we're using the hearing module for the presentation.

Each of the four doe mains will have a video, and the video goes through generally the same categories for each of the doe mains, so the first one being anatomy and function, as well as communication and language.

And key developmental milestones.

The picture at the top right-hand side is a portion of the video that explains hearing, and the text box below has some examples of developmental milestones for hearing.

An easily observed one is mimicking sounds and imitating familiar words and sounds.

>> So under the learning section, in addition to those two areas, you'll also find signs of delay as well as activities to foster development in that developmental area.

So an example of this would be at the top right hand corner of the slide.

So again using our hearing module as an example, in that educational video, you'll find some of those, again, signs of delay.

So delayed language skills, abnormal speech, insistence on listening to television or music at high volumes, and you guys I'm sure can list so many more.

And under that is an example of an activity to foster development in that area.

So honestly, I think this was our favorite part of the project, finding all of the activities to work on these areas.

So an example of our hearing activity or one of them would be sound marking.

So what this would look like, with our cute little picture of Hanna's adorable son, you can be at the right hand corner, sound marking may look like lifting your index finger to your ear and showing a look of concentration.

Then you may ask your child, can you hear that?

It sounds like a train!

*Choo-choo!*

Thank you.

>> She was worried she wouldn't get through it.

>> I really was.

 [ Laughing ]

>> So the next area that we will explore is the activities link.

After accessing the activities link, the early years project provides stimulation activities to provide care givers and professionals with a deeper understanding of what it may be like for a child with difficulties in these areas, and keep in mind, would know that these activities do not accurately represent what an individual with hearing loss or low vision have because there are so many factors at play.

But again, if someone has never experienced those in their lifer, this is just meant to put things in perspective.

All of the activities are organized by domain, and some of the activities are relevant to more than one.

So we use these icons that you have seen before for easy identification of the associated doe mains.

For example, a simulated activity for hearing may include gathering either ear plugs, noise-canceling headphones, whatever you may have, prior to watching a video.

We have a link to a video here.

We're not going to play it, it's just generally the tones that you might hear in a sound BIV.

So you would watch and listen to this video and then reflect on your experience and feelings with the noise-canceling headphones or earplugs.

>> Again with those simulation activities, we have on this slide some examples for communication and language.

So language, an example activity may be telling somebody about your day without using any words that contain the letter N.

So if you stop and think about it, it's extremely difficult.

So one for communication that I've really think is beneficial for really anybody, whether parent, care giver, that would be trying to communicate a message without using any words, without using any gestures.

If you think about it, and I see this all the time with my students, they get so nervous and they feel the pressure if you're starting to get impatient with them.

And I think it's really good for both parents and caregivers and even professionals, all of us, to perspective take and say, I have to be patient.

They are going to get so frustrated.

And you've experienced that frustration.

And I encourage you to try it with both people you know and people you don't know.

Because the people that you know may know that you're completing this activity, but they're also, since they know you are probably going to be a lot more patient, whereas somebody who was in public and doesn't know you're completing this will get a lot more frustrated.

>> The final area we will preview today will be the resources tab.

This is where you will find hand outs and different websites to further your learning or to provide parents with specific answers to questions.

We're not expected to know everything, as I'm sure you know, but the reset sources tab is a living, breathing document in progress, and it's being modified and added to, and all of these as soon as we find more.

It's a comprehensive list of many available resources, including the handouts, different PDFs, links to online resources, physical ones, and all of that.

So some examples might include here, I'm sorry, this is the key milestones one across all four of the doe mains.

So we put this together because all of these show developmental progress in each of the four domains.

So some of the examples include from the age 0-1 year, making eye contact when spoken to bay a caregiver.

One 1-2 years, following verbal instruction when given gestures or signs from 2-3 years, naming an action or picture happening in a book when asked.

3-4, color, side descriptors.

4-6, years, following more complex directions.

And we know that age has some listening challenges, so bear that in mind.

>> So this is really just a closer look at the handout, but when we did put it on the slide, it was incredibly difficult to read, and so it's just broken in half and made a little bit bigger on each side.

Again, like Hanna was mentioning, we wanted to really include the milestones that would encompass more of all four of those domains.

So going off of some of Hanna's example, an example we might see with an infant or 0-1 year responding to their name.

So if you think about it, it's showing us that hearing component, if they are trying to visually locate where the sound is coming from, we can see some of that vision development in there, as well.

If they're making eye contact, that is a linguistic skill, and if they're looking at you, they're understanding that that word has a meaning and that meaning is me.

So I will go ahead and start talking about our next steps and our hope for the project in the future.

So the first one being that we're able to continue to flesh out all of those modules.

Really, we are dependent on grant funding.

So within the next grant cycle, hopefully we'll be able to complete all four of those modules.

The if next is that we are able to continue to give those free resources, to educate parents and caregivers.

And lastly, that we're just providing those free resources and activities for parents and caregivers.

And I think our biggest thing is that we want caregivers or professionals going into the home and working with students.

We want them to be able to not have to worry about creating a presentation, making sure they have all of the materials, worrying about that and worrying about being present with the families, which we all know that personable level with the families is huge.

And I really do feel like we would make so much more progress when you establish that relationship with them.

So the hope is that we're able to lesson some of that anxiety and preparation and that they're able to just be when they're with the families.

>> So to wrap this up, the early years project can be self-guided by care givens or used by professionals as part of their intervention plan or recommended by other professionals and, of course, accessed by parents.

I just want to take a little bit of a side note and say that this isn't going to go anywhere.

We plan on keeping it up pretty much photographer, indefinitely.

We focused on the following four areas: Hearing, vision, communication, and language.

And we will have materials highlighting risk factors as well as signs of delay.

And of course, the signs of activities that can be used to take perspective and foster children's development.

>> So again, we have our QR code to the link to the Illinois sound beginnings website.

We also have listed my email as well as Hanna's email.

So with that, we just want to thank you for coming, and for listening to us, and ask if you guys have any questions.

Yes?

>> We've got a microphone coming to you.

>> I was just going to yell.

 [ Laughing ]

>> Because I can do that too.

This is lovely, and very family-friendly, not intimidating, and I'm wondering, do you object to sharing this information?

Yay, that's what I was hoping.

>> Sharing is caring, guys.

>> Thank you.

>> Yes, absolutely.

Like we said, everything that is up right now is everything that we have completed.

So like Hanna was saying, we're still want to keep pushes all of those resources out.

But all of this is readily accessible and free on the website.

So yes, absolutely.

You go for it.

 [ Laughing ]

Yes?

>> How long have you guys had this program going?

Is this a recent, I'm just curious?

>> Not long.

 [ Laughing ]

>> I think we were solicited in August to work on it.

So we just started within the past month, started getting stuff onto the website.

>> And the video for the hearing and vision modules are very close to being completed, they're not done yet, sorry, guys, we're working on accessibility on that, but I would imagine it would be up pretty soon.

>> So if not, thank you guys so much, again.

Again, thank you for listening to us ramble, but we are super passionate about this, and we hope you guys can benefit from it, too.

>> Thank you.

>> .............................................

**3/19/2024 | 10:10 AM - 10:35 AM | Association of early intervention on 3rd grade reading levels for children who are deaf/hard of hearing (DHH) | Mineral A**

>> All righty, everybody.

Welcome.

We're going to go ahead and ask everybody to get settled in so we can get started.

Just for some housekeeping, before we get started, there's emergency exit behind you and behind our presenter.

All CEU information and course evaluations are on the app this year.

I'm going to turn it over to Doreen to get us started.

>> Thank you.

So welcome.

I am Jareen.

I'm from Cincinnati, how absolutely inspired we must be with your keynote speakers and the focus of the holistic child in the meeting this year.

I've been attending this meeting for almost 20 years, and the evolution has been phenomenal, and I just wanted to put out a call that it's an inspiring way to really begin the year with this meeting.

Now I definitely want to thank by co-authors on this work, and I super want to thank the Ohio state agencies that have made this work possible.

So these are the HRSA Department of Health, Department of Developmental Disabilities, and the Ohio Department of Education who have worked seamlessly together so that we can evaluate our EHDI program effectively.

So I don't have any specific financial disclosures with the exception that this work has been funded both by the CDC and by NIC.

So I know that I'm speaking to the choir when I say that the important, when I talk about the importance of the EHDI benchmarks, screening at one month, diagnosis at three months, early enter vans by six months, and I know that the majority of the evidence that lies in the literature supports that early access to early intervention as it relates to language development in that first 36 months of life.

There's also emerging literature that suggests that this early EI enrollment points towards skills acquired in kindergarten.

Literacy is vital, it's important to access information across all aspects of our lives, it is critical for full participation in education and employment, and I think it's important for us to always remember that literacy skills have to be taught.

These are not passive learning skills.

And so that's just something to keep in our minds when we're talking about literacy.

Now, we're going to be focusing on the third grade when we're talking about reading prophecy for the purpose of this talk, and that's because third grade is a huge transition period for our kiddos.

They are going from learning to read to reading to learn.

In fact, that are going to have to read for instruction throughout the rest of their academic trajectory.

This is an important year that we need to be cognizant of.

The early work has focused on that plateau of reading levels, reading prophecy, and in fact, it was one of the first papers that really highlighted what state-based assessments for reading were showing, and that was in third grade, approximately about 25% of the students, Deaf and Hard of Hearing students, had reading proficiency levels.

The percentage of children in that third gradish area with proficient reading levels were variable.

Anywhere from 25% up to upwards of 50% of kids' reading levels that are proficient or higher.

And I do want to point out recent work by, who actually showed that reading proficiency increased overtime since the implementation of universal newborn hearing screening.

She showed that once that was implemented, we were seeing progressively more students becoming reading proficient between third and tenth grade.

Unfortunately, she wasn't able to link available data back to whether it was universal newborn hearing screening.

I'm going to walk you through some brief previous work that we had done that leads up to third grade.

So first, we were interested in how receipt of Early Intervention, and this is Early Intervention by six months of age, was impacting pre-literacy skills.

So these are the skills we need to have to develop later literacy.

We looked at Deaf and Hard of Hearing children in preschool that had been helped by EHDI system and received Early Intervention.

Picture naming on the right and - kids who entered Early Intervention by 3 months of age entered preschool with higher literacy schools.

We also had that data of all other Ohio preschoolers.

They had great trajectories over time.

There needs to be different types of supports in preschool for these kids, since they're entering preschool at a pretty decent start.

We then were interested in kindergarten, because that's your next education marking.

And so we looked, in the state of Ohio, kindergarten readiness is assessed using an assessment that classifies all children has approaching, demonstrating kindergarten readiness for school instruction, and that's what this is measuring.

And the first thing to note is that kids who entered Early Intervention by six months of age, we found that they were actually looking very similar to all Ohio students in terms of demonstrating kindergarten readiness and they were signal innocently more likely to demonstrated - those kids that were entering later, a higher proportion of them only had emerging skills.

They were not ready for later instruction.

Equally or potentially more important were the language and literacy, which was part of that kindergarten readiness assessment, and we were excited to see that when it comes to language and lit literacy, getting into intervention early, they looked just like everyone else.

That were on track for third grade.

They were also more likely to be on kids that kids who entered later.

We were starting to see that gap for literacy before third grade even happens.

So this leads us to the story for today, and we wanted to evaluate the effect of entering part C Early Intervention.

I only have information on early enter vans part C, so kids who received Early Intervention or intervention outside of this, I don't have that information.

And we wanted to look, did they enter by that six months, because it's a benchmark or versus after six months, and that impact on reading prophecy among Deaf and Hard of Hearing third graders.

So what we did was we leveraged what we've deemed to the Ohio EHDI linkage project, this long-standing project, which is now looking over 1,200 deaf and hard of hearing infants born between 2008 and 2014 that had been enrolled in Early Intervention.

Across hearing, screening and birth, Early Intervention data, and education records that we keep refreshing, so we have records from this group from birth to fifth grade.

Third graders, over half of them had enrolled in Early Intervention by six months.

These are kids who have, at this time, aged into third grade, and they would have had either their in-public school or they had an IEP that leads back to a school.

So those are the kids we have as part of the study.

Every district and school in Ohio must administer a standardized reading diagnostic.

So this is how they mesh reading prophecy, and all assess wants are provided for grades 1-3 by September 30th and they're retaken in the spring.

And schools can choose from a state-approved list, or they can choose to develop the self-diagnostic tool that they had, all schools assess phonics, word recognition, and all scores are classified as either limited, basic, proficient, accomplished, and advanced.

Whenever I say prophecy levels or higher, I'm looking at -

>> In the first column, and kids who were enrolled after six months or later in the second column.

They look very similar to all 1,200 students.

So there aren't tons of die sees in terms of who's in the school system and who's not.

The differences that we do see is kids who enroll early.

They have an earlier age of a hearing difference confirmation, they are also most likely to have a developmental or disability that was diagnosed in the early -

>> They have a little college under their belt, and they were more likely to have private insurance than those who enrolled later.

So we're going to look at first the percentage of kids with those reading proficiency categories.

This is all Ohio students here.

You can see they're classified from limited all the way up to the top for advanced reading proficiency.

What we see is that 56% of those have reading levels that are 56% or higher, and they look very similar to all of Ohio.

When we look at kids who entered later, now we start to see that discrepancy, very similar to the kindergarten readiness we saw with language and discrepancy.

47% had levels that were proficient or higher.

Among those late enrollees, they had a much higher proportion of children that are higher than the deaf and hard of hearing entry kids and even higher than all of Ohio.

So we wanted to understand what are the independent factors that might be associated with reading proficiency.

And so we did a multiple logistic regression analysis, so to break it down really easily is, you are looking at a figure that has odds ratio.

Anything above 1 means the likelihood of having a reading level is high, and anything below 1 is less likely to have.

So these are the risk factors are not being proficient in reading.

What we see is early receipt of EI, having those two potential social determinants, I'm calling them potential because they're not really, they're just markers, are related to more likely to have reading levels that are proficient.

However, we see that having nor severe hearing differences diagnosed at birth and Early Intervention were let related to less likely to be reading-proficient.

These are the risk factors for not making it.

Just so you can break it down and take it home, because most people don't know what to do with that, when I think about it, from a public health standpoint, how do I translate that, so we're going to translate it using probabilities.

These are estimated.

That meanings that I'm taking all of that data that we looked at into account and come up with a prediction for whether a kid is going to be proficient at reading in third grade.

The probabilities on that Y-axis, and these first two dots are focused on children who entered Early Intervention early and who don't have a disability diagnosis.

From mild hearing differences on the right, and the probability for both are very similar.

They're very similar.

When we start laying some of the other factors, now these are children with disability diagnosis, and we still see a pretty good possibility.

Like they're still above 50% for both groups.

However, when I take away that disability diagnosis, and I'm looking at the social determinants, I start seeing a gap, like something is happening.

And most importantly, when you have both lower social determinants and a disability, it's really low.

And this is a big drop.

And this is a concerning drop, and it's happening across the board.

Now, let's look at what happens when we actually get kids into Early Intervention late, and I just said that it sounded really judgey, when kids don't get in time, not when we don't get them in.

We see a significant profound impact on reading proficiency.

So look at the mild to moderate.

This tracks, okay.

Your likelihood of reading proficiency's dropped a little.

When you look at kiddos who have severe to profound hearing differences and when you look at how they're impacted, if they have a disability or if they don't or if they have lower social determinants or if they don't, now we're seeing profound groups.

In fact, those kiddos with disabilities and the kiddos, the first two dots, they look the same, and that is concerning.

And so we're trying to get a deeper dive into this because we don't know what this means yet, except that being in Early Intervention early seems to be impactful.

Okay.

I feel like I whizzed through that, so we're going to be taking some questions.

I'm always worried when I present data that I'm look, whoop, yeah, I must have whooped.

So anyway, we have limitations because this is an analysis of data that is public health data.

And so I don't have a lot of information, and I'm sure you're all going, well, What about this or this?

So you can ask me, if I can say, we may have it, and I will make sure it's on the list to look at it.

First off, we dichotomize at this age.

Kids that have high higher proficient reading levels, 50% of those kids who have better reading were actually getting in really early.

I also lack a lot of information on the things that we're all going, these things make a difference, because the information the school system has is not always robust at the individual level for students.

So I can't tell you what they're hearing technology is.

And I cannot tell you what the classroom specifics are.

I don't know if they're in a big or small room, etc.

What I can tell you is, 13% of Deaf and Hard of Hearing kiddos had received accommodations for their testing versus 1% of all third graders.

I can also tell you that 76% of Deaf and Hard of Hearing kiddos had an IEP, and that not everybody on that IEP had services provided.

So not a hundred percent.

A lot of kiddos did not have an IEP for their hearing difference alone.

I can't tell you about language access.

I don't know how they access language, I don't know how the classroom provides it to them.

And I also can't tell you anything about the hearing differences that they have in school.

Because what I can tell you is what they were diagnosed with at birth and in that period, so the limitation is, we know that a lot of those mild to moderate kiddos might have more severe to profound hearing loss overtime, and I don't know that.

I do know what the IEP says about their current needs, which may or may not talk about specific audiologic needs.

And I think what's sad but it's so important is that we actually don't have great information on true essential determinants.

I gave you two really bad primers, and we know that they're rough.

They're poor proxies.

However, what I do have is school district.

And so we can maybe do some linkages with school districts to the student population of the school.

We have a lot of information about the schools and the buildings and where they are and how many need additional provisions for lunch and additional resources and such, and so we're going to use that to try to do a deeper dive, but we don't have it on the family level.

So in summary, enrolling by six months of age, it appears to have a lasting impact on reading prophecy in third grade, which I think is really exciting, because it means that it actually matters, it continues to matter.

There are other factors that are important, and so we do need to think about those other factors when we're thinking about the child's education and how we're supporting them, and we also need to understand that from the work that we do early, evaluating the longterm out comes is vital.

These gaps may widen.

We also have third and fifth grade and math data we're going to look at, and so we're looking at those right now.

And then I think what can we do about this, especially if we don't work with third graders, we do have to think about what's in our sphere of influence, and early enrollment into intervention might be in your sphere of influence.

And as we heard the speakers before this, supporting readiness for schooling, that might be in our sphere of influence.

And I think it's also really important, especially when we think about those social determinants, and we need to consider staying curious with families, so that we can support them where they are, and I think we've heard a lot about that importance in this meeting, and I think this meeting high lights that our work with a child should not stop at part C, nor does it begin at part B.

It is a continuum, and families don't need us to start and stop, they need us to continue that, continuum.

I'll take questions.

Yeah?

Hang on one second, I'm going to give you the mic, for the captioner.

>> This was wonderful, thank you.

As someone who does work with 3 graders, it was great to hear your take.

>> Bless you.

>> I'm curious how deeply you looked into the approved assessments that you used?

One of the things that I run into with our prescreening assessments, systemic awareness is difficult for our students and they lose a lot of points on those assessments?

I'm curious to see what impact the on the results?

>> The short answer is, I've not looked at it at all, but the second answer is, I've recently seen the list, and saw what the assessments are.

And so I can go back and maybe map, because I should have what the kid - what the child took, so I can map if that went to a certain assessment, and evaluate those assessment as to being appropriate doctor Deaf and Hard of Hearing kiddos.

I think that's a great question.

Thank you.

>> Thank you.

My name is Natasha, I'm from Florida, -

[ No audio ]

>> Okay.

I'm not sure if this is - I don't think it's working.

>> It was working.

>> Okay, perfect.

I just want to say, I came to your session last year, and it was one of the most impactful.

I speak to families, typically within a week of diagnosis, I've tried every child, so I've shared some of this with families about the importance of early enrollment.

I came today because I am now putting together a training for our Early Intervention program, with our state, because one of the frustrations is we're referring these babies, I follow up with families, and they're like, oh, we were told to come back in a year.

We don't need speech, we don't need anything until our baby's a year old, and still hearing that for doctors and providers.

Will this be uploaded, your presentation?

>> You absolutely can email me.

I haven't - I was just practicing my presentation as of this morning, so.

>> Awesome.

>> I haven't gotten that far as to uploading things.

But I am more than happy, I'm more than happy to share the presentation, yeah.

>> I just thank you again.

Because I think it's so impactful.

>> You're welcome.

>> I actually teach third grade, and my thought is, how would you - how do you plan to cater the study the chapters, because it my takeaway you need to that plays out even more, thank you very much.

>> No, I think that is so important, and carrying this work out beyond third grade is important, and we plan on it.

The goal, I basically keep my relationship with the Department of Education very close, and my contact is actually worked in the EHDI system, and so she is very motivated.

And so we have up to fifth grade data now, and we'll be able to refresh that, and we'll follow them until that graduate.

That's my goal.

Yeah.

But thank you, you're right, it's important to be evaluating this.

You had a question?

>> Probably have time for one more.

>> Okay.

>> In the study and the information that you have, is there anything specific to the different communication modalities in when these kids entered the system and go into education up through third grade, and how that affects their literacy proficiency?

>> That is a great question.

The data that was collected at birth started to collect information about what communication modality families wanted to try.

But it's not reliable.

And the Early Intervention system really didn't capture that.

Now, for the education system, I think that I can talk to my contact to see if there are, if I can get information on what might be listed, part of it is how data are captured and how easily it is accessible, it would be hard for plea to go through a thousand IEPs over ten years, but I might be able to look and see if there's something, all that tells me.

Because I think it is important, it is about language, because that leads to literacy, so I think that's a great question, thank you.

>> I know there's a lot of questions out there, but I do want to be respectful of the break time and allowing people to come in for the next session, so Jareen can park herself in a location, and everybody can come to her for questions.

Thank you.

>> ........................................

**3/19/2024 | 11:00 AM - 11:25 AM | Supporting Family Relationships with Deaf Children: The Deaf Connections Program | Mineral A**

>> Well, gosh.

Those last-minute tech checks and those tech gremlins are always fun.

All right.

Perfect timing.

Thank you for showing up, obviously, that was the resolution we needed.

All right.

Can we all see clearly here?

Okay.

I'm going to go ahead and get started.

We'll go ahead and start with introductions.

My name is Rhys McGovern.

I am a white non-binary person with brown hair that's pulled back in a ponytail with glasses.

I do have on a blue button were down shirt with red slacks on.

>> Hi, everyone.

My name is Laurie Brown.

I am a white female.

I am 5 feet tall, I have curly brown hair I have a bit of gray and purple twinkle lights in my hair.

I have a black long-sleeved sweater and a green dress on today as well as a beautiful rainbow-colored scarf.

Welcome, everyone, to our presentation this morgue.

You see our title in the first screen.

>> Thank you for coming.

So what we'll be discussing today is new family mentorship program called The Deaf Connections Program, DCP, is that acronym, okay.

I just want to let you know that we are from Massachusetts.

Not Boston, not Boston.

Those hours' drive west of Boston.

[ No audio ]

>> Okay.

>> So starting off, this program, let's talk about the origin story.

Before Covid began in Massachusetts - sorry, Massachusetts, we did have a deaf mentorship program, usually intervention-style, and at the time, it wasn't really working well.

And so what happened was, the EHDI group that was in leadership in EHDI offices in the state decided that it was time to just say right out loud, we're dissatisfied, we need to do something different.

And so we talked with Patty Lee -- Peggy Lee, rather, and also Kym Myer.

And asked the two of them to conduct some research.

And what they did, these two fantastic ladies, they looked at all of the states around the U.S. to see how they were serving the states, children in their EI programs, what programs existed, what families were being served.

And then they looked at our Massachusetts family, and they did a survey to see what they needed.

EI providers around the state said that they had a desire for a deaf mentor program and they said this survey of the state's families and took in all of that data, all of that information, and they designed a report, and that was given to the two of us.

That report was given to us along with a bit of grant funding that came from our state's EHDI program, and that founding came originally from HRSA.

The funding that was given to us, Rhys was our program grant writer, and he has a lot of information to share with you about that, but the program was developed to provide deaf mentors around the state of Massachusetts.

They were to focus deaf adults as mentors to those families, starting with the pilot year.

>> I just wanted to talk to that, you guys probably know about the GCHI, the joint committee, on, of, gosh, infant hearing, maybe I've transposed some letters, but I'm in the year 2019, and prior to that, 2013, there was some verbiage that was stating that deaf adults needed to be involved in EHDI.

They all needed to get together.

And that was one of our guiding ideas, that needed to be included into this program to follow the JCHI.

>> So the way we get started on this was...

Just looking at my notes.

So we did start with a survey.

Now, the two of us are from Willy Ross school for the deaf, which is western Massachusetts, and we do have an Early Intervention program, which is expanding.

There's been a lot of people coming into the program.

And so we wanted to have it family-led.

We wanted today survey the families and their biggest concern that we learned from them, was their desire for mentorship.

And so we asked further questions and we wanted to see if they were interested in becoming part of this mentorship program themselves.

And so these are the slides, just different types of topics that we wanted to ask different support on, different check boxes, and we saw a lot of check boxes checked, and the same check boxes.

They didn't just pick one, they basically checked all that applied and was like, okay, sure, okay, broad interest, is what we've got here.

So this slide over here on the right just has a few opening prompts, and it was like, what do you families would like to share with us, what is your interest in the mentorship program?

And so this is just a representative answer of the population.

They wanted to learn more about deaf culture, and they wanted today learn more sign language as well as how to interact with children.

And so those were the - that was the insight that we time and time again from all the different families.

And so what these checkboxes tell us is that the highest three topics that the families have answered that they were really wanting support in were they wanted that readiness to transition to school, that Early Intervention transition to school.

They wanted to learn ASL and they also wanted that support and emotional development for their child.

Those were the top three out of those selections.

Some other families were asked if they wanted to meet, I'm sorry, another question we asked those families was, if we wanted to meet that mentor alone or if they wanted that Early Interventionist to be there, as well.

One-third of the population did not want that Early Interventionist there, so we erred on the side of caution, sure, on that first visit, we'll go ahead and have that Early Interventionist present at that meeting, as well.

So our initial vision for that program, now, I wrote the program, and I really tried to just get in different opinions, feedbacks, thoughts of minds, gosh, poor thing, I was just getting into everybody, poor our accountant and our social media person, I was just getting into everybody trying to get as much information as I could.

So I wrote this myself, however, I really did try to have this collaborative effort as much as possible.

And the two top guiding values was collaboration as well as equity.

Now, I do want to emphasize, it is not a quality.

Everybody is given the same thing.

In turn, it is equity.

It means everybody is getting what they need.

It may look different from person to person.

One family may get something that another family does not.

It is not equitable experience.

This program should strive for that equity.

So I want to go ahead and start with such a huge lift, this grant program.

So now my slides have all the citations at the end, is you guys can take a look at all of the resources that I have used.

I do have a long list of references, but it's really interesting to see the journey.

I'm not going to show it to you today, however, you will get it.

But from those surveys and from all the insight, and I also did look into Peggy and Kym's report to see if they named certain things, and I would look into those references, as well.

Expand on those, and feed on that, as well.

That was just a little bit of my insight from that.

And from that, I really wanted the program to be cross bicultural.

And so I wanted to really follow the research here.

And I wanted to look into the past, but I really wanted to just gather things that were currently being researched.

Cross-disciplinary.

And so these are the current programs that we have.

And so what is needed for those deaf children with hearing parents?

20 years ago, 30 years ago, and then even 10 years ago, and then currently, what it still needed?

And we see those trends pass overtime.

And so these were just a few selections I picked within my research.

And then we decided to move forward with the program and get it rooted in bicultural competency.

And so what that means is, I do want to be clear, we don't have a curriculum for the families, but we have the curriculum for the mentors that are being trained that become cultural mediators.

So they understand deaf culture, they have an understanding of hearing culture, and they know how to facilitate the two.

They can look into the lens of a hearing parent or they can also look through the lens of those deaf families and figure out how to navigate those cultures and get those understandings of what the child needs and those cultural experiences.

What but also give them the family's cultures that's passed down from their yen generations and their ancestors, as well.

So they can get all of that information.

It's a cultural broker.

This is the logo that was designed.

Deaf connections program.

And so what this shows is two hands giving that kind of support, and it's the blue hands.

And so one hand is the mentor, the other hand is the parents.

And then the hands that are in that five-hand shape are the children, and they are just thriving and growing from there.

They're taking flight.

Okay.

Sorry, we're just trying to figure out the logistics of who's covering which slide.

Okay.

So the main mission for the deaf connections program, I'll let you read it here on the slide.

Enables the families to have those strong connections with their internal families as well as their external families, as well.

And to have that community access and resources, and to have a rich future for that child.

A complete and full future.

And so we do have some guiding principles here, and that is the collective hour power.

It's not just the mentor, the family, the child, but it is that collective power.

Also, that community cultural wealth.

You guys saw Julie Rems Mario [ SP ], you saw her presentation, she actually spoke on this.

Now, we actually were not in contact with each other, we just saw each other, and we were like, yes, we're doing the same work, and we're using the same resources, and we are coming to the same conclusions, and so that was such a nice feeling.

Very validating.

If you're not there with CCW, I want to expand on that, but I do encourage you to dig deeper into that work of the community cultural wealth language equity is another one of those guiding principles, and then also moving from the known to the new.

Supporting the families with scaffolding, and then later on, be able to pull back a little bit and let them really take the helm.

>> So the program family goals for DCP, for the child, allowing the family to understand that their child's future as a deaf adult has no limits whatsoever.

Their children's community gives them an understanding of deaf culture and improves their understanding of that cultural group.

Their child's family and community has a strong connection between themselves and their own deaf community.

Improving confidence in the family's understanding of their own culture as well as the deaf culture.

And then after the child became three years of age, that they would maintain those connections with their own deaf community.

>> Now, a lot of this really follows what we have seen from the survey.

We really try to use those insight, figure out what those needs were, and then make those into the goals of the program.

I do want to let you know that this slide is on the website, so you are able to get this information from there.

Okay.

So I just really want to talk about the structure of the pilot.

You can see the pictures here.

This is our team.

It's a small team.

It's the two of us.

She's my boss.

And then we have two other mentors that are on the sides of my picture.

And then we have another early interventionist provider that has the gray hair and glasses in this picture.

And so the team roles are listed above here.

We do have a Training Lead, which is myself, and I'm the one who conducts the mentor training.

We also have a Team Coordinator, and that's the person who is liaison between the DCP and the Early Interventionist, which we have here, my counterpart, and then we have the DCP mentors, myself and those two listed above with me, and then we have the interventionist provider, and we all collaborate with the mentorists to support the family engagement and have that maintained.

>> So our team communicates on the regular basis, and we use group chats.

We do daily check-ins, Mondays and Fridays, we see how it's going.

On Mondays, we see how it's going, on Fridays, we say, what were your tough momentous, what were the wins, and we wanted to discuss all that and have monthly full team meetings, as well.

So the service delivery is each family gets nine visits with one mentor.

>> And it's approximately three times a month.

So in total, it's about maybe three months, but it can extent tend, and waive done that in the past, as well.

There are varied mentoring settings.

Some of them are in-home.

The mentor will go and do those home visit, six of them are happening there, and three of them are external out in the community.

And there are structures.

One of those resources is food and culture.

And so you can go to the grocery stores or maybe you can cook with the family at the home.

One of those is regarding literature.

Maybe you can go to the library and read books together or go to a bookstore or just really navigate that space.

And maybe another activity, maybe the family wants you to go with them to an appointment.

For example, I went to an evaluation with the child and the family, so maybe there's a family gathering, maybe the grandparents are all getting together and the mentor is showing up to facilitate that.

But that one is really up to the family and the other one to figure that setting out.

The last part is where we have the mentor and the family socialization.

So one time, during that three months, all families and mentors will get together, meet each other, and then when the families have finished their nine visits, they can still come to that socialization event, and so that event really gets larger within the community as new families enter in the family, the older families can support them, so they really participated in that, and we hope that the more mentors get involved, the more we can scale up.

>> Can I add something?

I just wanted to add a comment, and that is, this is designed so that we can keep those connections between the EI providers and the DCP mentors because the EI providers are in that home every week while DCP is not there every week, they're getting information about that family that's really important from the EI provider.

Also, in tun, the DCP home mentor is getting information about that family, and we have an information-sharing network in that way.

>> I just want to touch on this really quickly, and then I'll focus more on other things, but you guys can look further into this, but really what I want to say about this, I just want to speak on the team philosophy here at DCP.

This really follows the JCHI idea of adult and hard of hearing adults being involved in EHDI and having that engagement.

And so we're actively trying to break the cycle of pushing out people, Marge licensing and oppressing, and really valuing those deaf contributions and the deaf perspective equally as the hearing perspective.

And so we want to say this, I want to name this, because it's easy to say, oh, yeah, yeah, it's equitable, it's equal, it's short is.

But if we have documentation showing, then our team can take a look at this and say, are we actually compliant?

And if not, then we need to tweak things to stay in compliant.

So thank you, I just wanted to put that down and really document our philosophy.

So really, the idea and the model of an equitable experience is that the families and the children are getting the best services possible.

And this is my favorite part.

Soy I just want to talk a little bit about Cultural Community Wealth.

T.J. did some research and wrote this idea.

Community wealth, cultural community wealth, and this is from a BIPOC perspective of children entering the school system, they are call recognized by that white mind, that they are lacking something, there is a deficit, there is not knowledge, there is certain things that are missing.

But the cultural perspective wealth perspective is that they are not lacking, they are in a new environment and enhancing their current cultural community wealth.

And so how we engage that, that deaf gain.

Because we talk about deaf gain.

And most of the time, people say, oh, yeah, ASL, deaf gain.

And sometimes they might add, okay, social navigation, resources and knowledge, and there is a community.

But really, there are six parts of CCW, Cultural Community Wealth, and I want to expand on these.

And this actually is what made up the mentorship program.

Each of these CCWs became a video.

It puts up the aspirational CCW.

This is right here and this is actually from the video.

And so I filmed myself.

 [ Laughing ]

>> And filmed and filmed all day, but I would say each video is probably about 10 minutes in duration.

Just really giving those explanations of both perspectives, the deaf perspective and the other, and how you can broker that from a deaf gains perspective, and why you can understand why hearing people have different ideas on things, and how to really broker that deaf perspective.

And so we have a two-day training with two mentors.

And two Early Interventionist providers.

And so we had a pre and post-test throughout the program.

And the goals for the mentor was to become flexible and competent cultural brokers.

And so you see here, day one and day two.

So day one really was deaf space, to discuss the cultural community wealth and really unpack all of that.

And then day two really became more focused on how to interact with those families.

Each mentor developed some guiding questions for themselves, if they were encountered with those hard moments and they didn't know how to respond, they already had a structure, they lady had something built in.

And then in the early afternoon, they had that Early Interventionist come in, am I really getting that yellow flag warning?

I'm so sorry, I've been going through this.

Okay, I'm so excited.

Okay, so the launch.

Gosh, it's everything that you don't know.

 [ Laughing ]

>> Oh, the timing.

The timing and holidays, the scheduling.

You have an appointment and then they cancel, all of that.

This is nothing new, you guys know this.

You guys are with EHDI, you guys know this information, families drop out, all of that jazz.

So I do want to move forward to the story, though.

So the pilot data, we have not finished it yet, but our current pilot data is stating that the families have a positive experience.

They feel empowered, they feel like they're able to interact with the children more, they have that understanding of other perspectives more.

They mentor themselves, they feel like they're helping the family, they feel like they're doing good work and they're learning a lot.

They also feel empowered, as well, to help the children.

This is one or our kiddos, here.

Oh, so sweet.

The early interventionist provider feelings the same.

They feel empowered.

They feel like they have more understanding of the deaf ears and they have different perspectives that they can look through the lens of, and they have more of that big picture.

And this is another kid in our program.

Other ages providers, what they say is they are saying the impacts outside of our team.

They're all saying that.

They're saying, wow, they're seeing changes within families.

Two collaborative stories we have here is one of them where we go into the home and we interact with the families, and we've got intervention that's regarding cooking.

We've got a mom and the brother and the siblings, always working together, and they're making lasagne.

We did that visit.

And the other one was where we were working with the Early Interventionist and they were making a Play-Doh.

I'm sorry, they were making materials.

And so either printing and they're doing a lot of things here.

And so that becomes very an EI-focused visit here.

And so I showed up, and they had OT.

It was such a happy accident that we showed up together and we had that co support.

Well, this child really struggled with eating.

And at this visit, they touched all of the food because there was a sensory thing that they struggled with.

Oh, time.

We just got that time.

Let's wrap up.

Okay.

Well, if you have questions on this, please reach out.

Because we really do want to expand the program.

>> Absolutely.

>> We are looking for collaboration, so please do, do reach out.

Thank you.

Oh, I'm so sorry.

Gosh, 25 minutes, I was almost there.

>> It goes by quickly.

>> It does.

But thank you for your time, thank you for coming.

And like I said, please do come up and ask questions if you have anything.

>> ....................................

**3/19/2024 | 11:30 AM - 11:55 AM | "Being a Child who is DHH is Not Always Easy. Neither is Being Their Sibling" | Mineral A**

>> I'm sorry, guys.

We are two minutes behind, so we're just going to get started.

All right.

Being a child who is DHH is not always easy, but either is being their sibling.

>> Hi, we're Coleman and Taylor.

This is our third time doing this panel.

These are photos of our adventures that we've had the last time we've done this.

It's us trying to figure out a rotary phone.

There's us at Niagara Falls.

That one and that one.

That's us again trying to figure out another rotary phone.

A lot of rotary phones.

So we're going to start off just with some questions for the audience, and it's just by a show of hands, nice and easy.

So how many of you, by a show of hands, have had to leave your kids at home to come here?

That's a lot.

How many leave your other kids at home for your DHH child's appointments?

How many have bought your kids a gift because of having to be patient?

That's a relatable one.

How many of your hearing kids have ever expressed interest in being DHH?

Yeah.

All right.

This is our why.

You can see the remnants of when our parents were presenting us and we were the panelists.

And there's our deaf or hard or hearing siblings, and then there's two pictures of our families.

And then these are the siblings.

So first we have Ethan, who is 13.

And then you can take the mic, tell us a little bit about yourself, and your sibling.

>> Hi.

My name is Ethan, I'm 13, I go to academy Nevada.

And my deaf and hard of hearing sibling, his name is Noah.

>> And then we have Hanna, who is 14.

>> I'm Hanna, and I'm a freshman or Richmond, Kentucky.

I have two younger brothers, and the youngest, Isaac, he's deaf.

>> Hi, my name is Liam Frieze [ SP ].

I go to Twin Peaks Elementary, and I have little brother named Nathan, and he is deaf.

>> All right.

Let's get into the questions for our panelists.

What is the best thing about having a deaf or hard or hearing sibling?

Do you want to start?

>> Yeah.

For me, at least, the best part of having a Deaf and Hard of Hearing sibling is like just being able to like hang out with them at all of the events that they get to go to.

>> Okay.

So my favorite thing is, I get to see their perspective on things, but also, we can both read lips, so we like have secret conversations sometimes, which I think is really cool.

So.

>> In my opinion, I would say my favorite thing about having a Deaf and Hard of Hearing sibling is just being able to, like she said, have a different perspective on things and just being able to hang out with them.

>> What is an experience when you felt like you needed to feel more included in the family?

>> Also, guys, if you guys don't feel comfortable or you can't think of anything, it's totally okay if you don't have an answer for a question.

>> What was the question?

>> What is on experience where you felt like you needed to feel more included in the family?

>> Like I just felt like my sibling gets a lot more attention and gets a lot more stuff that they want while I don't.

>> Sure.

>> My mom, she was talking about this last night at her parent thing, but wherever we went to, I think it was Michigan, they were knowing around and they were all like telling them their why and stuff, and when it was my mom's term, she said, my why is Isaac.

And then me and my brother, we were like, what us?

We came with you, you birthed us first.

Like and we were just

 [ Laughing ]

>> We were so confused because she was over there, and she's like, Isaac, I just love Isaac.

 [ Laughing ]

>> The reason I'm here is Isaac.

We felt left out then.

>> A time... a time I felt a little bit dis-included was when basically my little brother and I were little, and I feel like my mom was always taking him down to Denver and I just had to sit for hours and hours and hours, I was just sitting there for at least maybe three or a week worth of days just sitting there.

>> Yeah.

>> How would you describe your relationship with your deaf or hard or hearing sibling?

>> I would describe our relationship as close because we're siblings.

But yeah.

We're very close with each other.

And we hang out a lot, we play games.

Yeah.

>> Okay.

So yeah, we're also close, until he decides that he's the boss and takes off his cochlear implants, and screams at me so other than that, we're pretty close.

>> Yeah, basically, it's just, we're all very close together.

It's really it.

We're very close, we love each other, and we just love to be next to each other and hang.

>> And how has that relationship changed overtime?

Because I know in my experience when we were younger, we hung out in a very different way than we do now, when we were younger, it was a lot more sweet and cute.

Now we throw each other around on the couch.

>> Over time, my relationship with my brother has changed from like playing whiffle ball, going outside every day to just like, I guess, just building stuff with him and just having conversations.

And yeah.

>> So I remember when we were younger, he would have a speech therapist, and I would try to help him.

I would say, Isaac, this is an apple.

And he would be like, apple.

But now we're both really incident pendant, and we, I don't know, play outside or something, we don't do at much as we used to.

>> When I was little, my and my little brother, we always went outside and played.

We had a trampoline and a pool, so we were out there at all times, now we just play too much *Fortnite*.

>> And what I love about that is, how normal of an experience that is between siblings that are both hearing or both typically developing or anything that it is, it can be so typical, and it might sound weird, my brother's Deaf plus, and not as stable on his feet as us because of different disabilities in his ankles and stuff, and we still rough house and I throw him around, and sometimes one of us gets a little too hurt, and asks to stop, and that's okay, that's what being a signaling is, it can be normal even though you have differences and stuff like that.

So yeah.

>> What have you missed out on in order to participate with your sibling?

>> I have missed out on baseball practices, like sporting events.

Yeah, baseball.

>> Now, I've missed out on a lot of school for this.

So I mean, I'm not complaining.

 [ Laughing ]

>> And every time we go to one of these, I'm really excited.

So no negative comments.

 [ Laughing ]

>> I've just, I've missed out on a lot of school, too.

But I feel like sometimes I miss my parents every once in a while because I feel like my little brother's around them at all times, so yeah.

>> I can relate with missing a lot of school to do events and stuff.

In fact, I'm missing school right now to be here.

>> All right.

How much does having a DHH sibling affect your day-to-day or the overall direction of your life?

>> Having a Deaf and Hard of Hearing sibling has like when I was little, it changed my life like a little bit because he was always out at the audiologist and like doctor's appointments and what not.

But now, it hasn't really affected me that much.

It's just normal life.

>> I don't think we really notice it, but it makes me like really aware to things.

And it's like really changed my perspective of like how he does things.

And so I'm more aware of like the outside world.

>> When I was little, I was an only child, and then we had my brother, and it changed my life by probably ten-fold.

And I'm over here like, who is this kid, why is he in my house.

And so yeah, he's changed my life a lot, but I love him, and that's really all that matters.

To me, at least.

>> What were some good things that have come from attending deaf events or interacting with the deaf community?

>> A good thing that has come from attending events and whatnot is just having fun.

I remember in December in 2018 or 2019, we went to this train museum, and we road on a train, and it was like Santa on a house and stuff, it was really fun.

So just having a good time from attending events.

And also learning a lot of new information.

>> Okay.

So I love this question.

But every time I come here, I don't know, it's so cool, because usually in Kentucky, you do not see that many deaf and hard of hearing people just walking around.

So then when I come here, I see so many people who are involved in it, and it's like really cool to just see how normal you are, and even though you've done things differently your whole life.

>> I've got two words for you: Free stuff.

>> Yeah.

He came in, and we were sitting out in the lobby, and he had a whole bag full of candy, and this little fidget pop its, and flash lights and all sorts of cool stuff, chap stick, hand sanitizer, he had it all.

I've had, not to be a down, but I had an interesting experience at a summer camp that I went to with my deaf or hard or hearing brother, who is like fully deaf and wears cochlear implants and signs and can hear us and understand us, but signs to us, which I'm used to, because in the house, I'm just talking to him, I don't practice my sign that much.

And I don't really know what I'm doing.

So I went to this camp for a whole week, and it was all completely like non-speaking teenagers.

And all the counselors were non-speaking, all deaf, and it was just signing the whole time, and there was an interpreter there sometimes, which was my saving grace, to learn some sign, but it was really, really tiring to learn all that sign and be so isolated in something, because I spent my whole life in public school with a bunch of other hearing, speaking kids, it really gave me perspective on what it's like for a child who's deaf or hard or hearing who uses sign to go to a public high school and being surrounded by so many people communicating around them, but not being able to understand what's happening or being able to jump in.

Wherever I was trying to get into a conversation with anybody there, I was slowly finger spelling out my entire sentences.

By the end of the week I got a little bit better, but I felt like a burden on everybody else, so I didn't join a lot of conversation or really experience as much as I could have, which, I don't know, I got home, and I was like, this is what my younger brother's life is like every day.

And that's tiring and that's hard.

But I don't know, I think that's something important that maybe you guys will like to know, it is a little sad, but yeah, just different perspective that you have going on these different experiences and stuff like that.

>> I would say just getting to meet all these really cool people.

I think and getting to do events like this.

Because if I didn't have a deaf or hard of hearing sibling, I would never get to go and do things like this and talk in front of a lot of people who know me and my family through social media, but I don't really know them.

>> Right.

Yeah.

Totally.

>> What?

Oh, wait.

Say that again?

>> No, they're fine.

>> Those are my siblings, by the way.

Don't worry about them.

It's different.

 [ Laughing ]

>> So here's some traits of DHH siblings or siblings with special needs.

So positive traits, such as a greater level of maturity, empathy, patience, flexibility, and tolerance for differences found in people.

Also, studies have shown that siblings who are helpful to their parents or brother or sister who is DHH has a great sense of pride, and I don't know about you his goo, but I personally see these traits in me and in all these panelists.

>> Yeah.

>> This is you again.

 [ Laughing ]

>> So these are some strategies to recognize siblings as chapter leaders.

I'm probably not the best person to talk about all this stuff, but I have gone to like sib shops, and stuff in the past, and they're really cool experiences, and you get to meet cool people that you can relate to.

>> Can you explain more about sib shops?

>> Oh, yeah, sib shops are events where a bunch of siblings of DHH kids or siblings with special needs get together in a group and the ones we've done, we've done a lot of fun like activities and stuff, a lot of icebreakers, and like group discussions to learn more about other people and their experiences.

>> And then this is just more of those, so you guys can take a look at these, and then if any of this is interesting to you, then you can write it down, I guess.

>> We're not fancy enough to have QR codes.

So you're knowing to have to write down the link and then perfectly type it into our computer.

>> Or ask our parents here in the white sweater and Beth in the Jean jacket, right there, as well.

We have 5 minutes left if you guys have any questions for the panelists or us or whatever.

>> Oh, they will need the microphone, okay, sorry.

We have one here.

>> Hi.

I actually, if you did say it, I'm sorry if I missed it, but how old are our siblings?

I'm wondering the age difference.

>> My sibling, Noah, he is 11 years old.

>> Isaac, he's 11 years old.

>> My little brother is, wow, I forgot his age.

He's 8 years old.

 [ Laughing ]

>> Thank you so much for sharing these perspectives, this is one of my favorite workshops, definitely the most fun, this is awesome.

I have an 18 month old who's deaf and a three and a half year old who is hearing, so my question is, I heard you guys saying, it's hard sometimes to feel left out, but I'm also wondering if it's difficult to get lifted around to all this stuff, so I want to hear your thoughts.

>> I got a lot of action figures from Target as a child, because Target was next door to the, you're on time, okay, awesome.

I should just trust you, you're good at your job, okay.

Target was right next to one of the therapy offices that we went to, so every time I sat through one of his sessions, I would get to pick out a little $33 figurine, and that's what I remember from those experiences.

I don't remember what testifies like sitting in there, I remember thinking about, is it iron man or spider man today, what am I going to get?

So I don't know.

That was a great, I don't know your kids, I don't know what they love, but there's probably something that you can bribe them with.

>> You guys want to share?

>> No, no.

 [ Laughing ]

>> Ted, do you have anything?

>> Okay, so I think they need to be exposed, but like, you also, there is a certain point where too much is like a lot, because if you take them to every single event, they're like kids, they're going to get bored eventually.

But they do need to get used to having a DHH sibling because when they're older, they're going to have to take care of them.

It would be good to expose them.

>> I personally would think that just don't take them to all of them, because basically, like she said, it's just going to get boring eventually, and everything, I remember learning a little bit too much about it.

And there is a certain point where there's too much like because then it's blocking out school, eventually.

A lot of the time, I don't even remember things from school now because I know a lot of the things about the DHH siblings are just popping up mine in my mind randomly.

So there is a certain point to when you need to stop taking them to those.

So yeah.

>> I'm sorry, he's had his hand raised from very beginning.

>> What's your question?

>> My view, have you ever used your siblings to your advantage?

>> Never, I'm the nice one.

>> Do you guys have anything?

>> Yeah.

I've used my sibling for my advantage a lot.

 [ Laughing ]

>> Meeting him would be, we would be wanting something for like dinner or we would want to get something, and then we would both say like, hey, could we get this, etc. And my parents would eventually cave in once we asked a little too much.

So definitely.

 [ Laughing ]

>> Multiple times.

Every chance I get.

Like, yeah, my brother's deaf, so like, can we go to that?

I remember at Disney world, we got front you seats because he couldn't hear the performance, so I was like, yes, front you seats Q. then I obviously get to go to all these cool events like Superhero 5K in Kentucky.

>> Yeah, events, and basically, I just - he has a way basically I just have a way of very, very secretly bribing him when my mom's not around.

And I can basically use him to my advantage in anything.

 [ Laughing ]

>> All right.

I'm going to wrap it up.

I would like to thank you guys are being such great panelists.

You guys answered a lot of questions.

So thank you, guys, for being a good audience