



# HOW MANY CHILDREN ARE WE TALKING ABOUT?

*Counting is difficult but it is estimating that **40% to 50%** of students who are deaf or hard of hearing have another impacting disability.*

*Borders, An Introduction to Educating Children with Hearing Loss*





# SYNDROMES

*There are over 400 multiple anomaly syndromes in which hearing loss is listed as a significant feature.*

COMMON  
SYNDROMIC  
HEARING  
LOSS

- Waardenburg Syndrome
- Usher Syndrome
- Pendred Syndrome
- Stickler Syndrome
- CHARGE Syndrome
- Branchio-Oto-Renal (BOR) Syndrome
- Treacher-Collins Syndrome
- Neurofibromatosis Type II (NFII)
- Alport Syndrome

# 3 MOST COMMON COMORBID DISORDERS

## SPD

(Sensory Processing Disorder)

## ADHD

(Attention Deficit Hyperactivity Disorder)

## LD

(Learning Disabilities)





# — SAMANTHA

- Profoundly deaf
  - Bilateral CI user
  - Fully mainstreamed 1-12
  - College Senior at RIT
- ADHD Combined Type
  - Depression/Anxiety
  - Isolation
  - Chronic complaining
  - Difficulty finding the silver lining
  - Feels no one likes her
  - Friends are a high position
  - Loyal (comfort)



Three wooden blocks are arranged horizontally on a white surface. The leftmost block is partially obscured by a white circular overlay and shows the letters 'A', 'D', and 'D'. The middle block shows the letter 'H'. The rightmost block shows the letter 'D'.

## ATTENTION DEFICIT HYPERACTIVITY DISORDER

ADHD is a very complex  
neurobiochemical  
disorder..

Parents and teachers do  
**NOT** cause ADHD.

# So...

## WHAT CAN YOU DO?

- Remember, it's not a matter of deliberate choice on the part of the child.
- Provide external incentives to follow the rules.
- Give extra praise and encouragement, it can be few and far between for these kids.
- Follow a step-by-step approach.
- Let the student earn special privileges.
- Alternate action with requests for attending.
- Consider adding spontaneous exercise into their learning.







## ...AND

- Minimize visual distraction where attention is required.
- Provide good listening environment for children with usable hearing.
- Agree on a small signal to help child remember to remain calm.
- Have child near you for ease of attention getting.
- Enlist parent help.
- Don't sweat the small stuff.
- Capitalize on their sense of humor
- Listen to what they are saying

# DON'T TAKE THE EASY WAY OUT!!!

- Make them get it/say it/do it if they want it
- Make them write daily, weekly, monthly to-do lists
- Give them a planner as soon as they can write, provide picture planner before.
- LOVE THEM!







# EVAN

- Congenital heart disease (3 open heart surgeries to date)
- 22Q11 Duplication Syndrome
- Bilateral severe-to-profound sensorineural hearing loss
- One cochlear implant, one no amplification
- Alopecia areata
- Horner's Syndrome
- Hypoplastic teeth
- Low muscle tone requiring thickening liquids
- Oxygen overnight
- Uses blood thinners
- Asthma-like symptoms
- Anaphylactic food allergies
- Cardiac catheterizations performed about twice a year
- Developmental delays
- Uses a wheelchair, transitioning to a walker

- Currently, Evan is 5 years old and in Pre-K. He attends a self-contained Deaf and Hard of Hearing Program.
- We did 3 years of Early Intervention in which he received PT, OT, SLP, DTH, social work, SLP specializing in AAC, and nutrition.
- His DHH school program utilizes Total Communication, but ASL/SEE is his preferred mode of communication.
- He has access to an AAC device at home and at school.
- Evan currently receives PT, OT, SLP, and social work services in school and has a one-on-one paraprofessional assigned to him.







# STRUGGLES

- Low muscle tone and motor skills inhibit ability to sign clearly
- Medical needs (and trauma) make second cochlear implant a low priority
- Health can take a turn quickly
- Lots of medical appointments cause him to be pulled out of school relatively often
- Balance of having time to be a kid and attending therapies after school
- Extended family language barriers
- Long term vision concerns
- Emotional toll on the rest of the family



# WHAT WORKS FOR US

- Using more than one type of communication option simultaneously
- Setting medical boundaries
- Therapy
- Open communication
- Evan's timeline is his own
- Prioritizing school
- Sharing resources with family often







# HOW CAN YOU HELP?

- Consider wheelchair accessibility
- Accept sign approximations if fine motor skills are impacted
- Don't assume he can't
- Make sure to communicate visually

# DIFFERENTIATED INSTRUCTION







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## WHAT IT IS

- Lessons designed around the needs of the students
- student focused
- Teaching up
- Flexibility Grouping
- Whole-group, small-group and individual tasks based on students needs

# WHAT IT ISN'T

- Dumbing down
- Something extra on top of good teaching
- Meant to make teachers miserable
- Mostly for gifted students or mostly for learning challenged students
- Individualized instruction (that's the IEP!!!)
- IEP's for all



# CHARACTERISTICS OF A SUCCESSFUL PROGRAM:

- A "can do" attitude
- Highly structured
- Specific, clearly stated objectives
- Focus on individual needs
- Step-by-step instruction
- Individualized objectives and instructional procedures



- Consistent routines
- Age-appropriate materials
- Provision for successful experiences
- Repetition to the point of over-learning
- Transfer of in natural environments





# PARENTS ARE KEY!!!

Parents can:

- Maintain consistency in the student's life.
- Help the student maintain self-discipline.
- Help with homework...consistency in learning.
- Encourage good nutrition and a good night's sleep.
- Give positive reinforcement and encouragement.
- Maintain home/school communication.
- Provide outside activities that build self-esteem.
- Provide love and acceptance.

# QUESTIONS?

*We are . . . .*

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