



TEXAS WOMAN'S UNIVERSITY

**Guiding Communication Pathways:
Using the "Auditory Potential Rubric" to Tailor Intervention Supports**

Our Team

- **Carrie Norman**, MS, CCC-SLP, LSLS, AV-Ed
Collaborative Communications

- **Sarah Wainscott**, PhD, CCC-A, CED

Texas Woman's University Deaf Ed/SLP Programs



Session Objectives:

- Describe the implications of ten key factors that influence spoken language outcomes for children with hearing differences.
- Differentiate three levels of potential related to using auditory processes as a part of a child's overall communication profile.
- Apply the Auditory Potential Rubric for three contrasting case studies, including scoring and interpretation.



First, the WHY. We believe...

- There are multiple ways that children who are deaf/hh can access language. Identifying a strong pathway enhances outcomes.
- Multiple variables intersect to influence auditory & language outcomes
- Families & children benefit when expectations for progress are reasonable.
- Clinicians & educators need an evidence-based tool to match intervention to individuals, and to guide decisions.

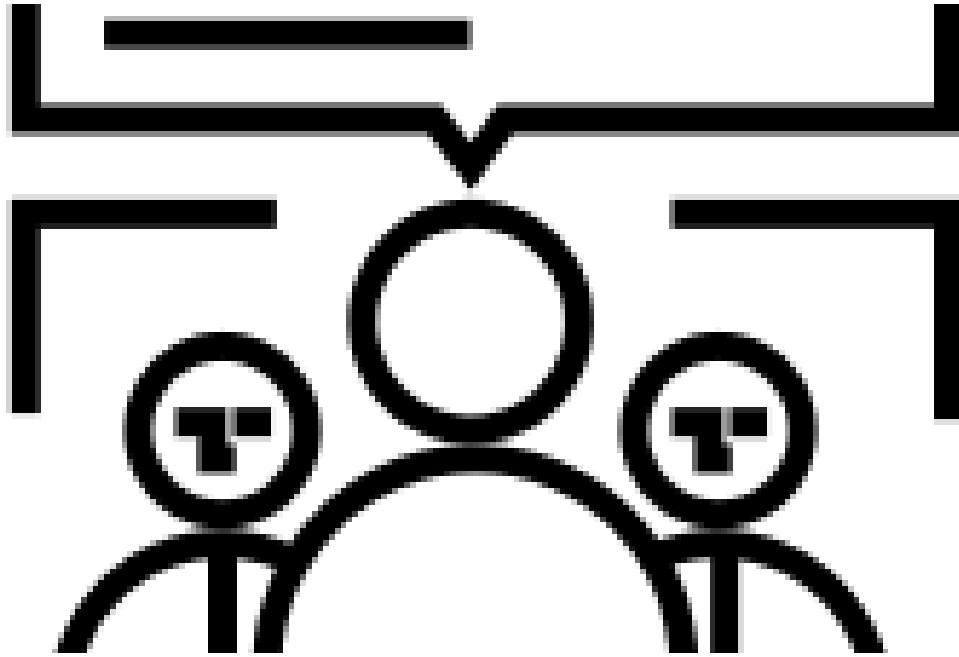


Our Process

- Draft based on evidence-base (All Carrie!)
- Revise, revise, revise
 - Varied providers, Respectful language
- Reliability testing
 - Inter-rater/Intra-rater
- Field Testing & Criterion Validity
 - Criterion related validity
 - Application to practice
 - Semi-structured interviews

We'd love your help!





Your Expert Opinions

What factors influence auditory outcomes in children who are deaf or hard of hearing?



Factors Predicting Auditory Outcomes

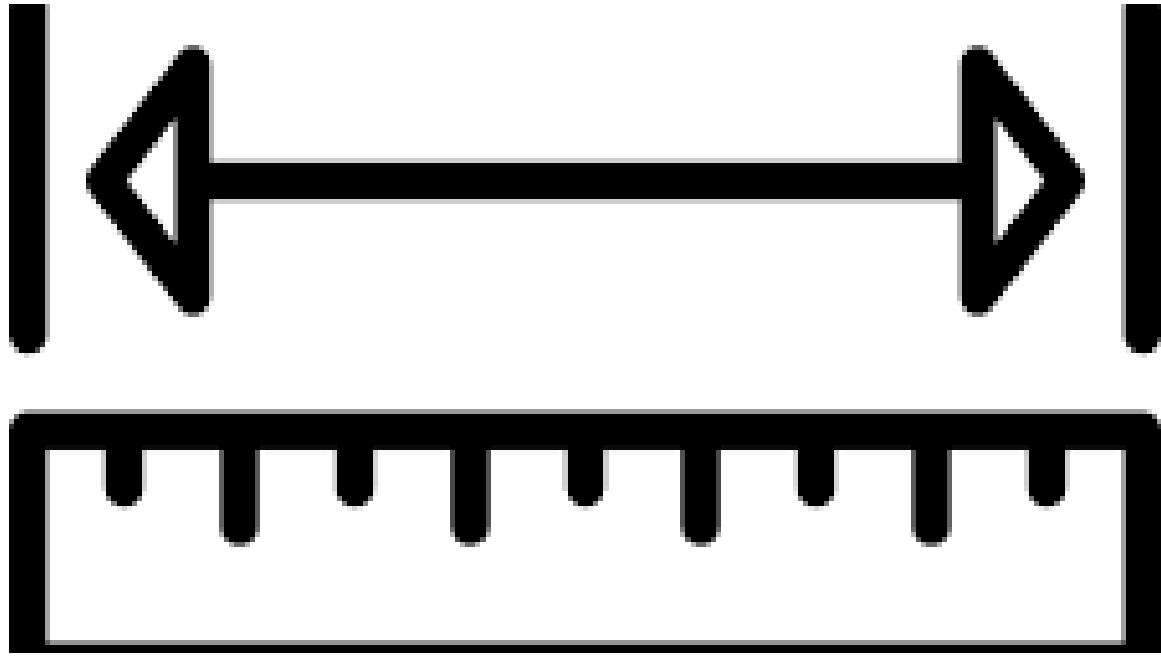
Hearing Difference

- Type
- Degree
- Symmetry
- Duration
- Etiology

Case History

- Family capacity
- Age ID/Intervention
- Technology use
- Audiologic management
- Intervention history
- Community capacity
- Additional considerations





Can we measure it?

A child's auditory potential for success in an auditory-based intervention model.



RATING	WHAT THIS MEANS FOR YOUR CHILD
Strong Auditory Potential	Your child shows many strengths that support learning to listen and talk. With regular practice and support, they may use listening and spoken language as their main way to communicate. They may also do well in school using mostly listening and speaking.
Moderate Auditory Potential	Your child has some of the skills needed to learn through listening and spoken language. They may still need extra help and ongoing support to communicate well with others using speech. Additional tools and strategies may help them succeed in learning environments.
Some Auditory Potential	Listening can support your child's communication, but they will likely benefit from other ways of communicating too—such as sign language, pictures, or devices. A combination of approaches can help them understand and express themselves more easily. Family involvement and support will be very important.
Limited Auditory Potential	Right now, listening alone may not be enough for your child to learn language effectively. Other forms of communication—like sign language, visuals, or communication devices—will likely play a big role. Your child can still develop strong communication skills with the right support and tools.

Our Aim: Prediction (not promises!)

Framing multiple positive outcomes that reflect a continuum of required support.



Let's Try it Out! Three Cases



Collaborate to apply our
“Auditory Potential Rubric”
to your group’s case:

- Marta
- Kyle
- Daisy



Auditory Potential Rubric

A Comparative Rating Scale to Assess Foundational Skills for Listening and Spoken Language Intervention

Directions for use: This tool is designed for use by communications specialists from a variety of disciplines to monitor ongoing auditory potential for individuals with hearing differences. Each statement is marked, scores are tallied, and a total score is calculated to guide counseling and planning for listening and spoken language outcomes. The form includes evidence-based indicators that correlate with a continuum of outcomes related to auditory potential and should be used as part of a broader communication evaluation—it is not intended for use in isolation. This form is appropriate for use in initial evaluations and during ongoing progress monitoring. **Please check any/all descriptions that apply** and indicate the total score achieved in each section. *(For example: Type of Hearing Difference – Permanent SNHL = 1 point, unilateral = 2 points, so the score would be 3 points out of possible 9)*



Scoring Guide: Use these descriptions to inform ratings across all factors:

- **3 Points = Optimal:** Reliable auditory potential; expected to benefit from a Listening and Spoken Language intervention model
- **2 Points = Moderate:** Inconsistent/partial auditory potential; targeted, ongoing support needed for spoken language outcomes
- **1 Point = Restricted:** Significantly limited auditory potential; supplementary supports/services required for spoken language growth

FACTORS		1 = Restricted	2 = Moderate	3 = Optimal	SCORE:
1.	Type of Hearing Difference	<input type="checkbox"/> Permanent (SNHL/Conductive) <input type="checkbox"/> ANSD <input type="checkbox"/> Bilateral (both ears)	<input type="checkbox"/> Fluctuating Conductive <input type="checkbox"/> Mixed (SNHL/Cond) <input type="checkbox"/> Unilateral (one ear)	<input type="checkbox"/> Temporary <input type="checkbox"/> Short Term Conductive <input type="checkbox"/> No Hearing Difference	/9
2a.	Degree of Hearing Difference (Right ear)	<input type="checkbox"/> Profound <input type="checkbox"/> Severe	<input type="checkbox"/> Moderate <input type="checkbox"/> Moderate - Severe	<input type="checkbox"/> Mild <input type="checkbox"/> Slight	/3
2b.	Degree of Hearing Difference (Left ear)	<input type="checkbox"/> Profound <input type="checkbox"/> Severe	<input type="checkbox"/> Moderate <input type="checkbox"/> Moderate - Severe	<input type="checkbox"/> Mild <input type="checkbox"/> Slight	/3
3.	Duration of Hearing Difference	<input type="checkbox"/> Before language development <input type="checkbox"/> Since Birth	<input type="checkbox"/> During early language development <input type="checkbox"/> Progressive	<input type="checkbox"/> After language acquisition <input type="checkbox"/> Sudden onset	/6
4.	Etiology of Hearing Difference	<input type="checkbox"/> Hearing difference at birth <input type="checkbox"/> Atypical neurology <input type="checkbox"/> Syndromic features	<input type="checkbox"/> Unknown <input type="checkbox"/> Family history <input type="checkbox"/> Developmental concerns	<input type="checkbox"/> Medical event/acute <input type="checkbox"/> Meeting developmental milestones <input type="checkbox"/> No prior family history	/9

5.	Family Capacity for Involvement	<input type="checkbox"/> Highly structured schedule, limited flexibility <input type="checkbox"/> Low motivation <input type="checkbox"/> Limited insight	<input type="checkbox"/> Some flexibility with schedule <input type="checkbox"/> Moderate motivation <input type="checkbox"/> Emerging understanding	<input type="checkbox"/> Flexible and adaptable schedule <input type="checkbox"/> High motivation <input type="checkbox"/> Clear insight into the process	/9
6.	Age at Identification/ Intervention	<input type="checkbox"/> Identified after 3 years <input type="checkbox"/> Intervention began in school	<input type="checkbox"/> Identified between 12 months – 3 years <input type="checkbox"/> Some ECI/therapy	<input type="checkbox"/> Identified before 12 months <input type="checkbox"/> Therapy prior to age 1	/6
7.	Use of Hearing Technology	<input type="checkbox"/> 0-4 hours daily <input type="checkbox"/> Used only in therapy	<input type="checkbox"/> 5-9 hours daily <input type="checkbox"/> Used inconsistently	<input type="checkbox"/> 10+ hours daily <input type="checkbox"/> Used across all settings	/6
8.	Audiologic Management/ Monitoring	<input type="checkbox"/> No Managing Audiologist <input type="checkbox"/> No recent hearing testing/follow up	<input type="checkbox"/> Clinical Audiologist <input type="checkbox"/> Some hearing testing within last 18-24 mo	<input type="checkbox"/> Pediatric Audiologist <input type="checkbox"/> Comprehensive hearing testing in last 6-12 mo	/6
9.	Intervention History	<input type="checkbox"/> No previous therapy <input type="checkbox"/> No sign language or communication support	<input type="checkbox"/> Some speech/ language therapy <input type="checkbox"/> Some “total communication”	<input type="checkbox"/> Previous listening therapy <input type="checkbox"/> Formal auditory training	/6
10.	Community Capacity for Support	<input type="checkbox"/> No intervention services available <input type="checkbox"/> Family unaware of auditory resources	<input type="checkbox"/> Some therapy services available <input type="checkbox"/> Partial awareness of auditory resources	<input type="checkbox"/> Many available therapy services <input type="checkbox"/> Access to LSL and auditory-oral networks	/6
11.	Additional Considerations	<input type="checkbox"/> Coexisting diagnoses or related syndromes	<input type="checkbox"/> Developmental differences or learning diversities	<input type="checkbox"/> No identified developmental differences	/3
General Impressions:					/72



What is your rating?

57-72: Strong auditory potential; 56-41 Moderate auditory potential;
25-40 Some auditory potential; <25 Limited auditory potential



Marta: Congenital, severe, bilateral sensorineural hearing loss (SNHL). Suspected genetic etiology (maternal history of hearing loss).

- Family is Spanish-speaking and lives in North Texas. There is an older brother with autism and a younger typical sister. Family is insured through Medicaid.
- She passed her newborn hearing screening, Her mother suspected a loss, but experienced barriers navigating services, with diagnosis at age 3 by a metropolitan hospital then fast-tracked to cochlear implant. She did not receive (0–3) Early Intervention services.
- Began public Deaf Education preschool utilizing a Total Communication approach beginning at age three. Data logging confirms she wears her technology for all waking hours. Mother is engaged with preschool staff, implementing suggested communication strategies at home.



Kyle: Congenital, moderate-to-severe bilateral SNHL, progressing to profound. Suspected genetic etiology (sibling history of hearing loss).

- Family lives on a remote ranch in West Texas; Father is a ranch manager and mother has a nursing background. They carry private insurance and travel 3.5 hours for pediatric audiology services.
- Hearing loss was identified early and fitted with hearing aids at 4 months; With progressive loss, he moved to cochlear implants at 12 months.
- Homeschooled by mother (with brother). Weekly teletherapy sessions focuses on caregiver coaching for listening and spoken language, supplemented by monthly check-ins at a metropolitan center. Technology is excellent, data logging showing full-time use.



Daisy: Moderate bilateral hearing loss. Unknown etiology.

- Family lives in suburban, both parents educators, with a medically fragile sibling, and employer-provided private insurance.
- Referred on newborn screening, diagnostic follow-up delayed after difficult initial ABR, reassurance from her pediatrician that "observable responses" to sound were normal. Autism suspected at 2.5 due to language delays and social immaturity; subsequent testing confirmed the underlying hearing loss along with mild ASD.
- After struggling in local preschool, parents enrolled her in regional DHH preschool utilizing Simultaneous Communication with weekly services at a university speech and hearing clinic.



RATING	PROFESSIONAL DESCRIPTION	TOTAL SCORE
Strong Auditory Potential	There are several factors present that support using listening and spoken language as an essential part of an overall communication system. With consistent auditory training, the individual may develop the skills needed to use listening and spoken language as a primary means of interacting and communicating with others. May be able to participate in academic learning primarily through listening and spoken language.	57–72 points
Moderate Auditory Potential	Possesses some foundational factors necessary for utilizing listening as a key component of an overall communication system. May require ongoing counseling and support to use listening and spoken language for social interactions. May need supplementary resources to achieve success in academic learning situations.	41–56 points
Some Auditory Potential	While listening skills can complement a comprehensive communication system, key skills for language learning will likely rely on visual, manual, or alternative communication strategies. Strong caregiver support will be important in setting realistic expectations and supporting communication outcomes.	25–40 points
Limited Auditory Potential	Current indicators suggest that listening alone may not provide consistent or effective access to language. Visual, manual, or alternative communication systems will likely be essential for successful interaction and learning. Intervention planning should prioritize a multimodal approach tailored to the individual's needs.	<24 points



RATING	CLINICAL IMPLICATIONS	TOTAL SCORE
Strong Auditory Potential	The individual demonstrates multiple indicators that support the development and use of listening and spoken language as a primary communication modality. With ongoing and consistent auditory-verbal or auditory-based intervention, the individual is likely to make meaningful progress in spoken language development. Functional listening skills may support participation in academic environments primarily through auditory input.	57–72 points
Moderate Auditory Potential	The individual shows some foundational indicators for integrating listening as part of a comprehensive communication system. Progress in spoken language development may require targeted support, caregiver involvement, and strategic intervention. Supplementary visual or contextual supports may be needed in educational and social settings to enhance access to communication.	41–56 points
Some Auditory Potential	Listening may serve as a secondary or supportive component within a broader communication approach. Core language learning is expected to rely significantly on visual, manual, or augmentative communication modalities. Intervention should focus on a multimodal approach, and family counseling may be important to align expectations with realistic outcomes.	25–40 points
Limited Auditory Potential	Current observations and data suggest that auditory input alone is unlikely to support consistent language access. Primary communication outcomes will likely require manual, visual, or alternative communication systems. Planning should prioritize comprehensive support strategies, including caregiver education and multidisciplinary collaboration, to facilitate meaningful communication.	<24 points



RATING	IMPLICATIONS FOR EDUCATIONAL PLANNING	TOTAL SCORE
Strong Auditory Potential	The student demonstrates strong potential to access instruction and communication primarily through listening and spoken language. May benefit from focused auditory-verbal support but is likely to succeed in general education settings with minimal accommodations.	57–72 points
Moderate Auditory Potential	The student has emerging auditory skills that support learning and social communication, though continued support and accommodations are recommended. May benefit from preferential seating, repetition, visual cues, and language therapy to support full access in the classroom.	41–56 points
Some Auditory Potential	The student may use listening as a secondary strategy but will benefit from a multimodal communication approach. Educational plans should include visual supports, alternative communication systems, and collaboration with specialists to ensure access to instruction.	25–40 points
Limited Auditory Potential	Listening alone is not a reliable pathway for language access currently. The student will require robust alternative or augmentative communication systems (e.g., sign language, AAC) and instructional modifications to support learning and engagement. A highly individualized plan is essential.	<24 points <input type="text" value="Z"/>



RATING	WHAT THIS MEANS FOR YOUR CHILD	TOTAL SCORE
Strong Auditory Potential	Your child shows many strengths that support learning to listen and talk. With regular practice and support, they may use listening and spoken language as their main way to communicate. They may also do well in school using mostly listening and speaking.	57–72 points
Moderate Auditory Potential	Your child has some of the skills needed to learn through listening and spoken language. They may still need extra help and ongoing support to communicate well with others using speech. Additional tools and strategies may help them succeed in learning environments.	41–56 points
Some Auditory Potential	Listening can support your child’s communication, but they will likely benefit from other ways of communicating too—such as sign language, pictures, or devices. A combination of approaches can help them understand and express themselves more easily. Family involvement and support will be very important.	25–40 points
Limited Auditory Potential	Right now, listening alone may not be enough for your child to learn language effectively. Other forms of communication—like sign language, visuals, or communication devices—will likely play a big role. Your child can still develop strong communication skills with the right support and tools.	<24 points





**We would love your feedback on the
Auditory Potential Rubric!**

Also include your contact information if you would like to participate
in our reliability and field testing!





Open discussion: How's it working?

Thanks for your feedback. Watch for our publication and dissemination!

