

## FAQ's

- 1. If we choose one philosophy or educational approach, can we change the communication mode as my child develops?**  
Yes, parents may choose the communication mode they feel is most appropriate for their child.
- 2. Will my child learn to speak?**  
Many Deaf/Hard of Hearing children have the ability to develop some level of spoken communication, which varies by child, but all children have the ability to learn language.
- 3. If my child learns sign language, will it hinder his/her spoken language development?**  
No. Research shows fluency in sign language improves all language development and reduces frustrations that happen when communication is not easy and functional. Evidence also supports that sign can facilitate a child's development of and transition to using spoken language in environments where spoken language is also effectively developed and incorporated into the child's life.
- 4. What is the difference between American Sign Language (ASL), Conceptually Accurate Signing and Sim-Com?**  
American Sign Language (ASL) is a full-featured language with a complete and organic grammar and vocabulary. Conceptually Accurate Signing borrows from ASL to convey the meaning of their communication, altering the order of the signs to match spoken English. Simultaneous Communication (Sim Com) is a strategy involving the use of speech and some form of sign communication at the same time.
- 5. Does my child need to wear his/her hearing aid/cochlear implant all day?**  
Yes. Full-time use of hearing aids and cochlear implants (wearing them all waking hours) is essential for a child to develop the foundations for listening.
- 6. If my child is in a self-contained class, will there be opportunities for integration?**  
Yes, children are afforded the opportunity to interact with their peers throughout the school day. The amount of integration and the setting are determined by the IEP team.
- 7. What education placement opportunities or special education services could be available for my child with hearing loss?**  
The IEP team will discuss with you the most appropriate placement and level of service for your child. There are several program options within the county: Total Communication; Auditory/Oral, self-contained classes; general education with supports. Listed below are some of the services a student with hearing loss could receive:
  - Total Communication Program
  - Auditory/Oral Program
  - Accommodations under ADA
  - Speech Language
  - Itinerant DHH Services



Ventura County  
Special Education Local Plan Area  
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# Ventura County SELPA Deaf and Hard of Hearing Programs



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The philosophy of the Ventura County SELPA Deaf/Hard of Hearing Program is that all children have access to educational programs for communication, social and academic development.

Qualified specialists provide assessment and intervention in a variety of communication modes. We recognize that educational decisions may need to be changed over time to reflect the student's emerging strengths, needs, and preferences.

Our process is to partner with family members, recognizing that parents are the primary decision-makers and advocates for their children. Cultural and linguistic diversity are valued and respected.

There are programs available throughout the county to meet the needs of children with an established hearing loss. The IEP team and parents will work collaboratively to select the program best suited for the student. Programs in the county:

## **Total Communication**

### **WHAT DOES IT LOOK LIKE?**

Total Communication (TC) is a philosophy of educating deaf and hard of hearing children that incorporates all means of communication. A TC program incorporates, but is not limited to, the use of oral, signs, auditory, written and visual supports. The main child's abilities and needs determine which components will be used. The main benefit of TC is that it can open multiple avenues, providing deaf and hard of hearing individuals with communication tools to use throughout their life. This is accomplished by exposing the child to good language models (spoken and signed) as soon as hearing loss is detected; early and consistent use of amplification (hearing aids, cochlear implants, FM system) to maximize residual hearing and aid in speech and language development; and by using a multi-language approach. A communication system will always be accessible if electronic components fail or are in need of repair.

### **FAMILY EXPECTATIONS:**

Research confirms that children with involved parents perform significantly higher in language and cognition. To achieve the child's learning potential, families should provide a language rich environment in their child's primary language mode; maintain proper amplification during all waking hours for their child to maximize residual hearing ability; maintain ongoing communication with the classroom teacher/speech therapist; and read to their child on a regular basis.

### **RESEARCH:**

The body of evidence suggests that there is a "critical period" for the acquisition of a language, whether the language is spoken or signed. This critical period begins at birth and ends at around 6 years old. Evidence supports the urgency of providing early and accessible language to children who are deaf or hard of hearing via multiple pathways to avoid linguistic gaps that are difficult to overcome (Easterbrooks & Baker 2002). Even children receiving early cochlear implantation are noted to benefit from access to a visual language for establishing early language foundations and transitioning to spoken language post implantation (Harris 2010). A Total Communication program can provide language development in both visual and auditory modalities.



## **Auditory/Oral Approach**

### **WHAT DOES IT LOOK LIKE?**

The Auditory/Oral (A/O) approach teaches infants and young children to use hearing and speech to develop spoken language for communication and learning. The main goal of A/O philosophy and practice is for the child to develop speech and language well enough to be able to learn and live fully within the hearing community. This is accomplished by maximum use of hearing through the use of hearing aids and/or cochlear implants every day for all waking hours; family members learning strategies to help their child learn to listen and speak; the use of natural gestures; and early, consistent use of amplification.

### **FAMILY EXPECTATIONS:**

A/O can be used with most children with a wide range of hearing loss. Families who choose A/O commit to helping children use their hearing and speech for language and communication.

For success, it is necessary that the families make sure that their child uses their amplification device consistently. Just wearing amplification is not enough for the child to become a highly successful communicator. It is recommended that families use A/O training strategies to improve the development of the child's listening and speech at home. Within A/O philosophy and practice, young children may also attend special classes specifically for deaf and hard-of-hearing children in addition to their home activities.

### **SUMMARY:**

While some parents/guardians know that they want their children to learn to listen and talk, others will select one of the visual (sign) options. Because the various communication choices differ significantly and often lead to different outcomes, it is essential that parents be fully informed about each of the outcomes so they can choose the right fit for their family.

### **Resources**

<https://www.handandvoices.org>

<http://www.gallaudet.edu>

<http://signsavvy.com>

<https://nad.org>