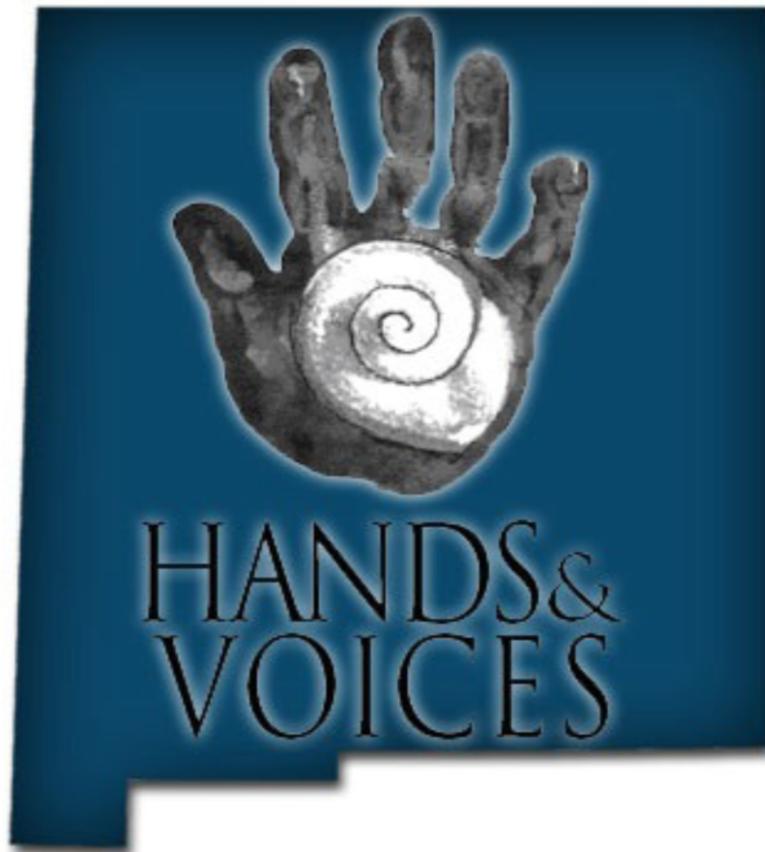


Resource Guide For Deaf and Hard of Hearing Children

*Developed **For** Parents **By** Parents*
(* In Consultation with Professionals)*



What works for your child is what makes the choice right!

Resource Guide For Deaf and Hard of Hearing Children

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Introduction

You just learned that your child referred, or did not pass, one or more hearing screening tests or you suspect your child has hearing loss. “Now what?” you ask.

This Guide starts with learning about your child’s hearing loss at birth and ends with your child finishing high school. We hope this Resource Guide (Guide) will:

- Let you know you are not alone!
- Answer some of your questions about hearing loss.
- Identify professionals who can help.
- Connect to families with children who are Deaf or Hard of Hearing.
- Provide a Road Map for your journey.
- Suggest questions to ask professionals.
- Discover resources for more detailed information.
- Develop your child’s tool kit.

Your child might not be identified as having hearing loss until much later. Dive into the Guide for whatever support you need! Copy or download information you need to build your child’s tool kit. One particularly helpful tool is the Pictorial Audiogram—pictures with similar sounds and loudness are plotted on the audiogram so people can put your child’s hearing loss in context.

The information presented is a starting point for you. Hands & Voices New Mexico Chapter (HVNM) does not endorse or certify any of the resources, service providers, schools, or communication choices. Please validate the information yourself when contacting providers. Couple of details to keep in mind as you use this Guide:

- Information in this PDF version is accurate as of July 1st, 2018.
- Hyperlinks are available when you access this Guide online at www.HVNM.org/guide.html.
- **Bold** phrases have hyperlinks or explanations in Appendix D, Terms & Definitions.
- All images used with permission.
- Suggestions for future editions should be sent to ParentGroup@hvn.org.

HVNM is a parent-driven, non-profit organization dedicated to supporting families with children who are Deaf or Hard of Hearing, without a bias around communication modes. Please reach out to us if you have any questions about information in this Guide, at ParentGroup@hvn.org.

Remember, **YOU** are your child’s parent and best advocate!

Hands & Voices New Mexico Chapter
October 1st, 2018
HVNM.org

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First Steps

Your journey begins with a **Newborn Hearing Screening**. New Mexico requires every baby to be screened. This will usually be an **Automated Auditory Brainstem Response (AABR)**, an **Otoacoustical Emission (OAE)**, or a combination of both. This is usually done in the hospital before your child is discharged. Undetected **Hearing Loss** may lead to language delays. The **Early Hearing Detection and Intervention (EHDI)** has three guidelines, measured at one, three, and six months of age—determined to best provide your child’s language, cognitive and social development.

About Newborn Hearing Screening Program: <https://nmhealth.org/about/phd/fhb/cms/nbhs>

EHDI Guidelines



Exhibit 1: *EHDI Guidelines*.

By One Month of Age:

Screen baby’s hearing before leaving the hospital or within the first month. If this did not happen, perhaps your baby was in the NICU or you had a home birth, you will need to arrange for your baby to get the screening. You may be told the results or you may receive a copy of the results (Exhibits 5 and 6) which will indicate whether one or both ears “PASS” or “REFER.” REFER means your child is referred for follow up testing. If your child is not screened in hospital or the screen results are REFER, talk to your **Primary Care Physician (PCP)**. The PCP will need to make a referral to the hospital for an outpatient hearing screen (if available) or to an audiologist. Children who REFER on their Newborn Hearing Screening or who have **Risk Factors** (Exhibit 11) are referred to the Newborn Hearing Screening Program.

By Three Months of Age (if your baby’s Screen indicated REFER):

Diagnosis of your baby’s Hearing Loss. If your baby REFERS in one or both ears, you will receive a phone call from the New Mexico EHDI Follow Up Coordinator, who will help you arrange further testing. Follow Up Coordinators work in partnership with parents and physicians until the hearing follow-up process is completed. They provide information and support, make referrals, make reminder calls, send reminder letters, talk with the baby’s PCP and/or the nurse regarding needed PCP referrals, and more. It is extremely important to follow through with this appointment, usually for an **Auditory Brain Stem Response (ABR)**. This will be done by an **Audiologist** and may be done under sedation. There may be additional medical tests required to determine the cause and recommended actions, which you should discuss with your PCP.

By Six Months of Age:

Enroll **Early Intervention (EI)**. Children with a confirmed Hearing Loss are referred to EI services as soon as possible. Those who receive services typically develop age appropriately through early childhood. EI professionals can help you learn about developing your child’s language skills and other resources. If you wish to connect with other parents who have Deaf or Hard of Hearing children, contact **Hands & Voices New Mexico Chapter (HVNM)**.

Road Map

Copy of the Roadmap that is available from Follow Up Coordinators. The Roadmap was designed to help you and your child's PCP make needed referrals and to support hearing follow up within the 1-3-6 timeframes.

New Mexico Newborn Hearing Screening Family Roadmap

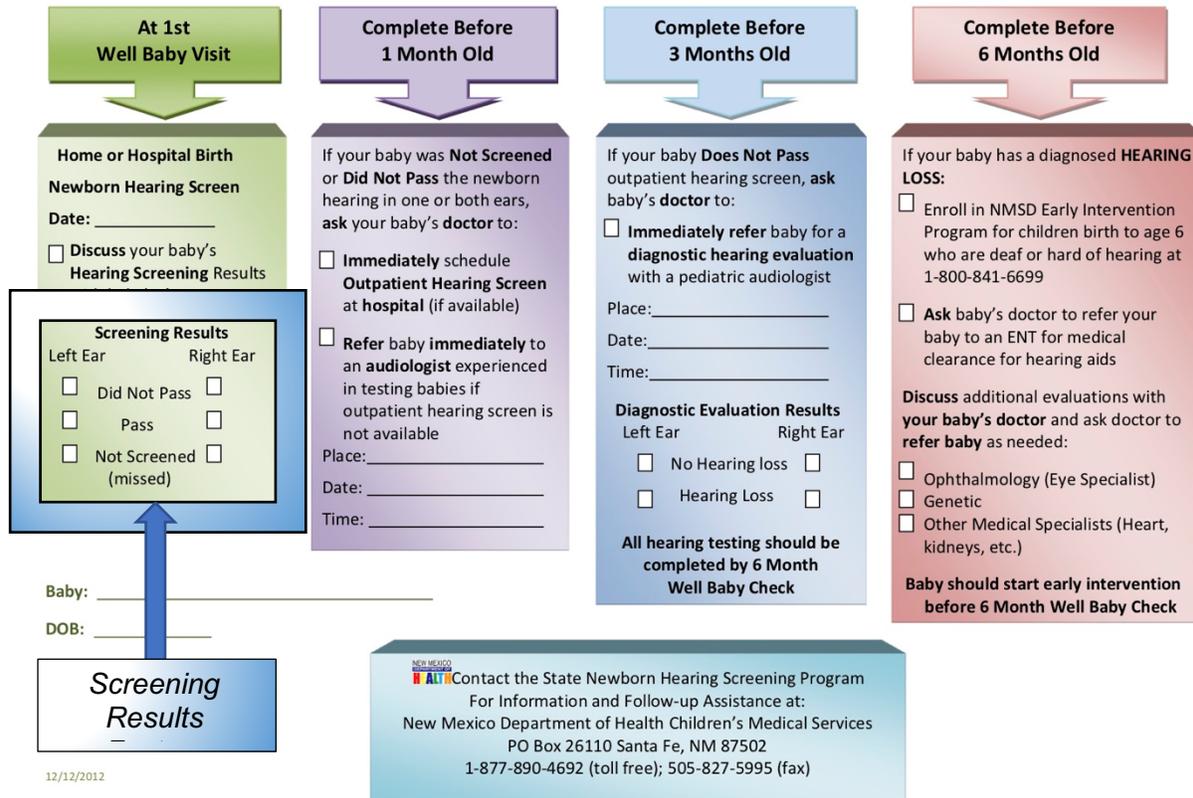


Exhibit 2: New Mexico Newborn Hearing Screening Family Roadmap (Effective 12/12/2012).

Appointment/Call Log

There will be many appointments with many professionals on your journey. It is helpful to prepare for appointments by keeping track of topics, questions, and next steps along with medical records in a binder. In each section of this Guide, there are suggested "Questions to Ask?" to use as a starting point.

Appointment/Call Log

Date	Time	Contact	Topic	Questions	Next Steps

Exhibit 3: Appointment/Call Log

Key Contacts

Area	Practice	Contacts	Contact Information
Primary Care Physician (PCP)	Name: Website:	Primary: _____ : _____	Phone: Fax/Email: _____
Audiologist	Name: Website:	Primary: _____ _____	Phone: Fax/Email: _____
ENT	Name: Website:	Primary: _____ _____	Phone: Fax/Email: _____
Outreach Liaison	Name: Website:	Primary: _____ _____	Phone: Fax/Email: _____
FIT Provider	Name: Website:	Service Coordinator: _____ _____	Phone: Fax/Email: _____
Developmental Specialist	Name: Website:	Primary: _____ _____	Phone: Fax: _____
Other *	Name: Website:	Primary: _____ _____	Phone: Fax/Email: _____
Other *	Name: Website:	Primary: _____ _____	Phone: Fax/Email: _____
Other *	Name: Website:	Primary: _____ _____	Phone: Fax/Email: _____

Exhibit 4: Key Contacts.

* List of possible "Other" professionals on page 15.

Screening

You might be told of, or you might receive a pink copy with, your child's **Screening** results. "REFER" means your baby did not pass the hearing Screening. Contact your child's PCP for a referral to the hospital for an outpatient hearing Screen (if available) or to visit an Audiologist. Please note if there are any Risk Factors. Even if your child passes the outpatient hearing Screening or diagnostic exam, monitor your child's hearing as he or she gets older, particularly if your child has any Risk Factors (Exhibit 11).

Hospital Screening Results

_____ White Original Faxed / Mailed to CMS Copies: _____ Parent _____ Post Discharge PCP _____ Medical Record

Date Faxed / Mailed to CMS: _____ Name of Person Completing Referral Form: _____

Phone Number of Person Completing Referral Form: _____

NEWBORN HEARING SCREENING REFERRAL FORM

Medical Record #: _____ Birthing Hospital: _____

Hospital Contact Person: _____ Phone Number: _____

Baby's Last Name: _____ First Name: _____

Baby's Gender: Male Female Baby's Date of Birth: _____ Discharge Date: _____

Doctor Who Will Follow Baby Post Discharge:

Name: _____ Practice: _____

Address, City, State: _____

Phone Number: _____ Fax Number: _____

Parent Contact Information:

Mother's Name: _____ Mother's DOB: _____

Mother's Primary Language: _____ Mother's Email Address: _____

*Mailing Address: _____ *Please include apartment #, trailer space #, etc.

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Message Phone Number: _____

Note Any Risk Factors → **Risk Factor(s) for Hearing Loss:** _____ Ototoxic Drugs _____ Prematurity _____ NICU
 _____ Atresia/Microtia _____ Craniofacial Anomalies _____ Family History of Hearing Loss _____ Syndrome

Baby DOES NOT Have Any KNOWN Risk Factor(s) for Hearing Loss: _____

Screen Results "Refer" means did not pass. → **Hearing Screen Results:**

Date(s) of Screen(s): _____	Right Ear: PASS / REFER	Left Ear: PASS / REFER
_____	Right Ear: PASS / REFER	Left Ear: PASS / REFER
_____	Right Ear: PASS / REFER	Left Ear: PASS / REFER

Screening may be done more than once, but not more than three times. → **Total # of Screens:** _____ (Screen NO More than 3 times)

Disch _____ Without Screen Date: _____ Reason: _____

Transferred Date: _____ Transferred to: _____

Comments: _____

Mother's signature for release: _____ Date: _____

All Fields on Form Must Be Completed. Send Completed Form to CMS as follows:
 Fax to: (505) 827-5995 or (505) 476-8896; Or, Mail to: Department of Health, Children's Medical Services, Newborn Hearing Screening Program, 1190 S. St. Francis Drive, Santa Fe, NM 87505
 Questions for Newborn Hearing Screening Program: Call (505) 476-8868 or Toll Free at 1 (877) 890-4692

Date of Last Revision: 1/30/2014

Exhibit 5: New Mexico Hearing Screening Referral Form – Hospital Version (Effective 1/30/2014).

Midwife Screening Results

You will be contacted by the Follow Up Coordinator to help schedule a Screening, if the midwife does not have Screening equipment. "REFER" means your baby did not pass the hearing Screening.

Original to CMS Pink Copy to Parent Yellow Copy to Medical Home

Date Copy Faxed / Mailed to CMS: _____ Name of Midwife Completing Form: _____

MIDWIFE REPORTING FORM

Midwife Name or Name of Center: _____

Baby's Last Name: _____ First Name: _____

Baby's Gender: ___ Male ___ Female Baby's Date of Birth: _____

Baby's Hearing Was Screened By Midwife or Center: _____ Yes _____ No

If Hearing Was Screened:

Right Ear: PASS / REFER	Left Ear: PASS / REFER
Right Ear: PASS / REFER	Left Ear: PASS / REFER
Right Ear: PASS / REFER	Left Ear: PASS / REFER

Total # of Screens: _____ (Screen NO More than 3 times)

Doctor Who Will Follow Baby:

Address, City, State: _____ Practice: _____

Phone Number: _____

Parent Contact Information:

Mother's Name: _____ Mother's DOB: _____

Mother's Primary Language: _____

Mailing Address _____
Please include apartment #, trailer space #, etc.

City _____ State _____ Zip Code _____

Phone Number: _____ Message Phone Number: _____

Email Address: _____

Mother's signature for release: _____ Date: _____

Mother Wants Contact from Newborn Hearing Screening Program: _____ Yes _____ No

Comments: _____

All Fields on Form Must Be Complete. Fax or Mail to Children's Medical Services within 10 days of baby's birth as follows:

Fax: (505) 827-5995 or (505) 476-8896

Mail:
Department of Health, Children's Medical Services, Newborn Hearing Screening Program
1190 S. St. Francis Drive, Santa Fe, NM 87505

Questions for Newborn Hearing Screening Program: Call (505) 476-8852 or Toll Free at 1 (877) 890-4692

Revised 9/28/2015

Note whether baby was screened →

Screen Results "Refer" means did not pass. →

Screening may be done more than once, but not more than three times. →

Exhibit 6: New Mexico Hearing Screening Referral Form – Midwife Version (Effective 9/28/2015).

Diagnosis

When the Screening indicates “REFER,” that means your child did not pass. Contact your child’s PCP for a referral to an Audiologist, who will perform additional tests to diagnose a Hearing Loss. The PCP or Audiologist may recommend that your child also see an **Otolaryngologist**, also called an **Ear Nose and Throat (ENT)** doctor. The ENT will run further tests to determine potential causes of the Hearing Loss and may suggest further medical consultations with **Ophthalmologists**, **Geneticists**, and **MRI** testing among others. The Diagnosis will define the type and the degree of Hearing Loss.

The Ear

Noise transmits sound waves that reach the **Outer Ear** and flow through the ear canal, causing the ear drum to vibrate. Vibrations trigger three small bones in the **Middle Ear** to pulsate on the cochlea in the **Inner Ear**. The Inner Ear hair cells generate electrical impulses sent through the to the brain.

About how the ear hears:

https://www.youtube.com/watch?annotation_id=annotation_2590531863&feature=iv&src_vid=MXt_gX2Srgo&v=T8lKKInnC6M

<http://www.phsa.ca/health-info/hearing-loss-early-language/about-the-ear>

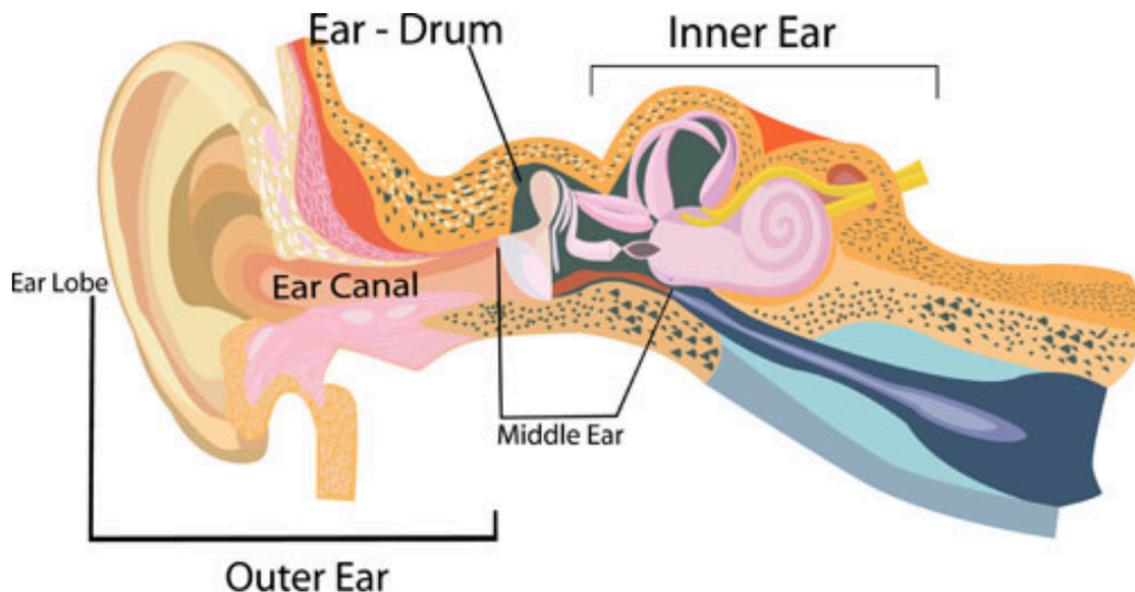


Exhibit 7: *Ear Diagram. Hearing Loss in Children: Types of Hearing Loss. Center for Disease Control and Prevention, <https://www.cdc.gov/ncbddd/hearingloss/types.html>. Used with permission.*

Hearing Tests

Audiologists will perform a **Hearing Test** appropriate to the age of your child, and show the results on an **Audiogram**.

- Infants—OAE or ABR test
- Pre-School—**Visual Reinforcement Audiometry (VRA)** or **Conditioned Play Audiometry (CPA)**
- Elementary and older—Pure Tone

Tympanogram

Audiologists examine the ear to see if there is wax blockage and perform a **Tympanogram** test. Tympanograms test how well the Middle Ear works and how the eardrum moves. This helps determine whether Hearing Loss is due to the Middle or Inner ear. Normal eardrum movement shows an “A” shape.

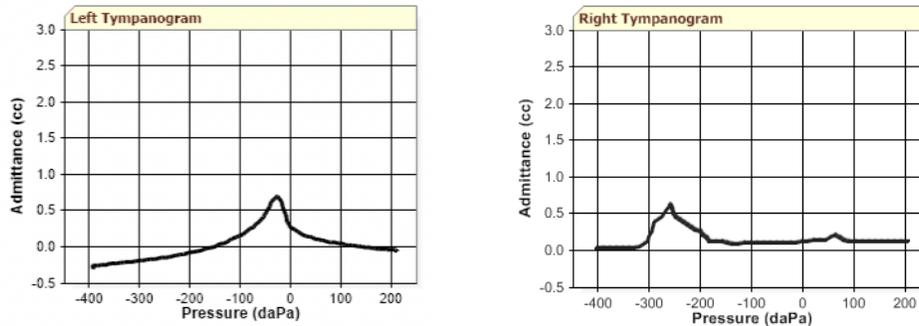


Exhibit 8: Tympanogram Test Results. Courtesy Albuquerque Hearing and Balance, <http://www.abqhearing.com/>.

Audiograms

Audiograms display Hearing Loss as a graph, showing the pitch, or **Frequency**, versus the loudness, or **Decibels (dB)**, at which sounds are heard. When you plot your child’s results and connect the dots, your child can hear everything below and to the left of the line. It is important to realize that Hearing Test results are under ideal conditions—your child is fully focused on listening and there are no background noises or distractions. What your child hears at home or in school may not be as good as the **Sound Booth** results.

- Horizontal axis—Frequencies of sound in Cycles Per Second, Hertz (Hz)—low tones on the left ranging to high pitched sounds on the right.
- Vertical axis—Loudness of sounds in Decibel (dB)—quiet on top ranging to loud at bottom

Pictorial Audiogram

A Pictorial Audiogram is one way to share what your child can and cannot hear with family members, care givers, teachers, coaches, and anyone else who interacts with your child. Pictures represent other sounds at that Frequency and Decibel. If you plot your child’s results on a Pictorial Audiogram, it is a visual indicator to others what they can hear.

- Right vertical axis—Description of Hearing Loss.
- Gray swoop—**Speech Banana**, where most sounds of language occur.
- Letters—Specific sounds that occur at the indicated dB and Hz
- Pictures—Types of sounds that occur at the indicated dB and Hz

Count the Dots Audiogram

A **Speech Intelligibility Index (SII)**, or Count the Dots, Audiogram represents the Speech Banana as a range of dots. If you plot your child’s results, counting the dots below and to the left of the line represents what percentage of hearing your child has. Dots above and to the right of the line is the percentage of Hearing Loss. The 100 dots on this Audiogram represent the Speech Banana.

Pictorial Audiogram

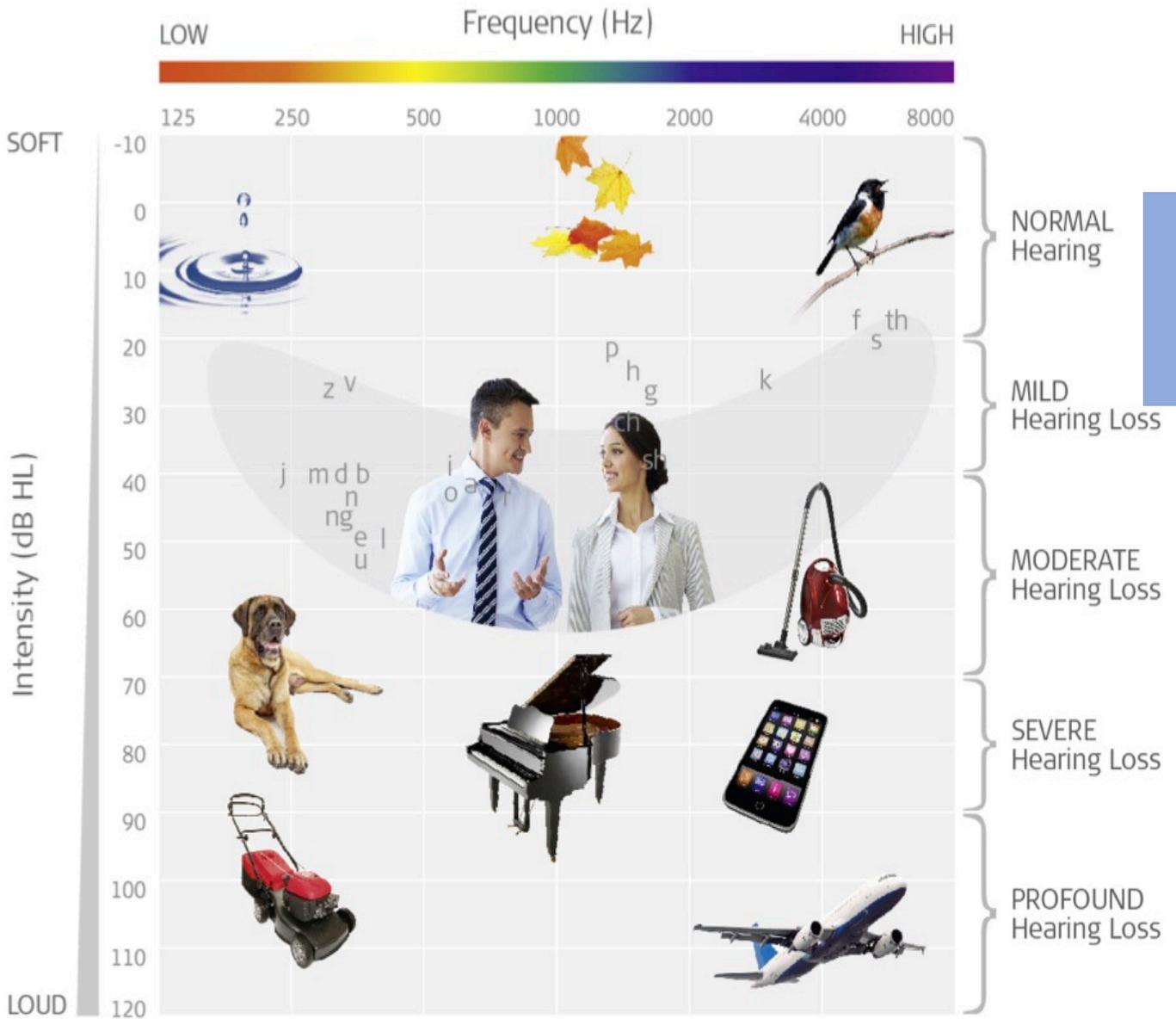


Exhibit 9: Pictorial Audiogram. What Is a Degree of Hearing Loss? Blog. Med EI, <https://blog.medel.com/degree-of-hearing-loss/>. Used with permission.

Count the Dots Audiogram

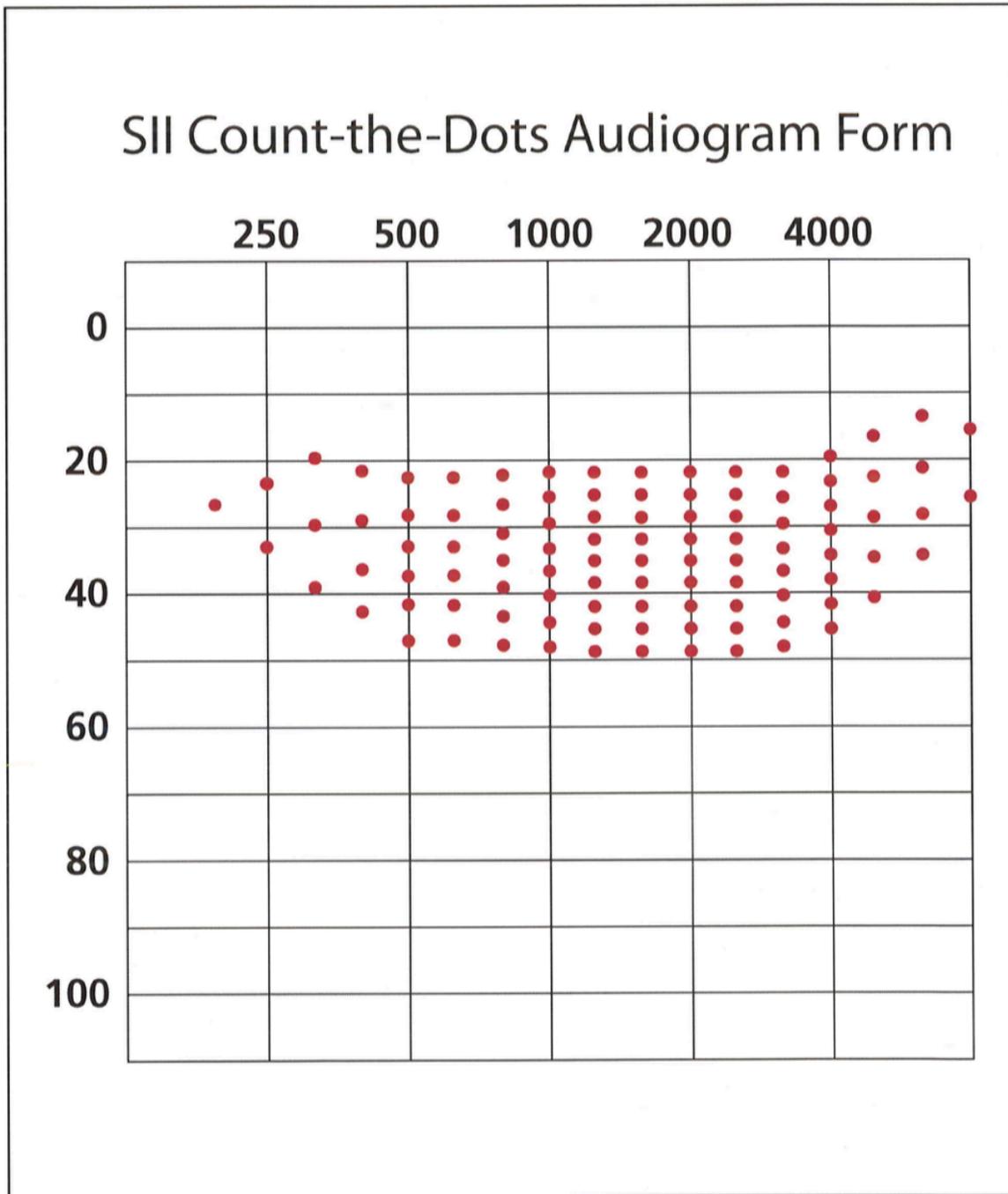


Exhibit 10: Speech Intelligibility Index Count the Dots Form Audiogram. C. Killion, Mead and Gustave Mueller, H. Used with permission.

Hearing Loss

Types

Type of Hearing Loss may be in one ear, **Unilateral**, or both ears, **Bilateral**. There are several types described by the part of the ear in which it occurs:

<u>Type</u>	<u>Source of Hearing Loss</u>
<ul style="list-style-type: none"> • Conductive • Ear 	Outer Ear or Middle Ear <ul style="list-style-type: none"> ○ Outer Ear may not be fully formed, called Microtia ○ Middle Ear may have fluid or ear infections
<ul style="list-style-type: none"> • Sensorineural • Mixed • Auditory Neuropathy 	Inner Ear or Auditory Nerve Blend of both Conductive and Sensorineural Auditory Nerve

Degrees

Degree of Hearing Loss is defined by which range your child can hear. Even a mild loss, will impact your child’s language development.

<u>Degree</u>	<u>Range of Hearing</u>
• Normal	Up to 25 dB
• Mild	26 – 40 dB
• Moderate	41 – 70 dB
• Severe	71 – 90 dB
• Profound	90+ dB

Risk Factors

Some children may pass the initial Screening, but lose hearing later, either from illness, injury, or just delayed onset. Monitor your child’s hearing if any of these Risk Factors apply. If you have any concerns about your child’s hearing contact your PCP immediately.

- Spent 5 days or more in the NICU or had complications while in the NICU (check with your PCP)
- Needed special procedures (blood transfusion) to treat bad jaundice (hyperbilirubinemia)
- Was exposed to infection before birth
- Has head, face or ears shaped or formed in a different way than usual.
- Has a condition (neurological disorder) that is associated with hearing loss (check with your PCP)
- Had an infection around the brain and spinal cord called meningitis
- Received a bad injury to the head that required a hospital stay
- Was given certain medications, like cancer chemotherapy or other medications that might hurt hearing (ask your PCP)
- Your family has a history of children with hearing loss
- You are worried about your child’s hearing for any reason

Exhibit 11: *Risk Factors*. Adapted from “Is Your Child “At Risk” For Hearing Loss?” *Just in Time*. So your baby’s care is right on time, <https://www.cdc.gov/ncbddd/hearingloss/freematerials/JustInTimePostATRISKEnglish.pdf>. Used with permission.

Language/Communication Milestones

These are the language and communication milestones by age. If your child is not meeting these, you should speak to your PCP and contact EI services.

2 Months	<ul style="list-style-type: none"> • Coos, makes gurgling sounds • Turns head towards sounds
4 Months	<ul style="list-style-type: none"> • Begins to babble • Babbles with expression and copies sounds he hears • Cries in different ways to show hunger, pain, or being tired
6 Months	<ul style="list-style-type: none"> • Responds to sounds by making sounds • Strings vowels together when babbling (“ah,” “eh,” “oh”) • Likes taking turns with parent while making sounds • Responds to own name • Makes sounds to show joy and displeasure • Begins to say consonant sounds (jabbering with “m,” “b”)
9 Months	<ul style="list-style-type: none"> • Understands “no” • Makes a lot of different sounds like “mamamama” and “bababababa” • Copies sounds and gestures of others • Uses fingers to point at things
1 Year	<ul style="list-style-type: none"> • Responds to simple spoken requests • Uses simple gestures, like shaking head “no” or waving “bye-bye” • Makes sounds with changes in tone (sounds more like speech) • Says “mama” and “dada” and exclamations like “uh-oh!” • Tries to say words you say
18 Months	<ul style="list-style-type: none"> • Says several single words • Says and shakes head “no” • Points to show someone what he wants
2 Years	<ul style="list-style-type: none"> • Points to things or pictures when they are named • Knows names of familiar people and body parts • Says sentences with 2 to 4 words • Follows simple instructions • Repeats words overheard in conversation o Points to things in a book
3 Years	<ul style="list-style-type: none"> • Follows instructions with 2 or 3 steps • Can name most familiar things • Understands words like “in,” “on,” and “under” • Says first name, age, and sex • Names a friend • Says words like “I,” “me,” “we,” and “you” and some plurals • Talks well enough for strangers to understand most of the time • Carries on a conversation using 2 to 3 sentences
4 Years	<ul style="list-style-type: none"> • Knows some basic rules of grammar, such as correctly using “he” and “she” • Sings a song or says a poem from memory such as the “Itsy Bitsy Spider” • Tells stories • Can say first and last name
5 Years	<ul style="list-style-type: none"> • Speaks very clearly • Tells a simple story using full sentences • Uses future tense; for example, “Grandma will be here.” • Says name and address

Exhibit 12: *Language/Communication Milestones*. Adapted from *Developmental Milestones. Learn the Signs. Act Early*. Center for Disease Control and Prevention, https://www.cdc.gov/ncbddd/actearly/pdf/checklists/all_checklists.pdf. Used with permission.

Questions - Audiologist

Ask your PCP for Pediatric Audiologists referrals or use Appendix A to find one close to you. Here are some suggested questions you might want to ask when consulting with Audiologists.

Questions about my child's hearing loss:

1. How much hearing loss does my child have?
Please explain the terms: sensorineural, conductive, mixed, mild, moderate, severe, profound, and auditory neuropathy.
2. Is the loss permanent? Does my child need more testing? How often should my child's hearing be tested?
3. Can you tell me if my child's hearing loss will change or get worse?
4. Do both ears have the same hearing loss?
5. How will the hearing loss affect my child's speech and language development?
6. What could have caused my child's hearing loss?
7. Would you suggest genetic counseling for our family?
8. Please explain the audiogram or the report.
9. May I have a copy of the hearing test results?

Questions about hearing aids and cochlear implants (an electronic device placed under the skin behind the ear):

1. Does my child need a hearing aid? What are my choices? Should he or she have a hearing aid in both ears?
2. How much do hearing aids cost? Where can I get help to pay for the hearing aids?
3. Can you help me contact a program that can lend me hearing aids?
4. What can my child hear with the hearing aids? How do you test if the hearing aids are working just right for my child?
5. How many hours should my child wear the hearing aids?
6. Should my child wear the hearing aids when playing sport activities?
7. What should I do if my child loses his/her hearing aids?
8. What should I do if my child does not want to wear the hearing aid?
9. How often do you need to check or adjust the hearing aids?
10. How often will my child need new hearing aids?
11. Which part of a hearing aid (such as the earmold and tubing) will need to be replaced regularly?
12. What is the difference between a hearing aid and a cochlear implant?
13. Should I consider a cochlear implant (an electronic device placed under the skin behind the ear)? Where can I get more information?

Questions about communication options and education:

1. What are communication options (such as total or oral communication, sign language)?
2. When should I begin early intervention, speech or other therapy? What is available in my area?

Questions about support:

1. Is there a parent group in my area? And who should I contact?
2. Can you help me meet another parent with a child who has a hearing loss similar to my child's?
3. Where can I look up more information about hearing loss?
4. How do I describe the hearing test result to my family?
5. Do you have tips for my family about how to communicate with my child at home?

AUDIOLOGIST QUESTIONS

Exhibit 13: *Questions You May Want to Ask Your Child's Audiologist.* Center for Disease Control and Prevention, https://www.cdc.gov/ncbddd/hearingloss/freematerials/Audiologist_Questions_ENG.pdf. Used with permission.

Early Intervention (EI)

Audiologists may send results directly to the Newborn Hearing Screening Program or Follow-Up Coordinators may contact Audiologists or PCPs directly to share audiological results. This triggers support and consultation from the **Early Intervention Involvement Department (EIID)** of the **New Mexico School for the Deaf (NMSD)**. EIID has Regional Consultants, specialists trained to work with families whose children are Deaf or Hard of Hearing, who will facilitate entry into the **Family Infant Toddler (FIT)** program.

About EIID: http://nmsd.k12.nm.us/statewide_services/early_intervention_programs

Family Infant Toddler (FIT)

Appendix C has a list of FIT providers throughout the state. You may select a FIT provider, who will work with your family to develop an **Individualized Family Services Plan (IFSP)**. The IFSP outlines the services your child will receive. Services may come from a variety of FIT and other providers. Deaf Mentors and Deaf Coordinators may be included and are provided by NMSD, regardless of who you select as your primary FIT provider. Services offered through the state are free of cost. It is very important to get started with EI and FIT providers to help your child develop communication skills.

About FIT: <https://nmhealth.org/about/ddsd/pgsv/fit/>

Individualized Family Services Plan (IFSP)

The IFSP outlines the services your child will receive, who will provide them, how often they will be delivered, and what assessments and evaluations tools will be used to measure success. It addresses:

- Your Family—information and history about family life.
- Summary of Relevant Health Information—medical information.
- Present Abilities, Strengths and Needs—what your child can do right now.
- Child/Family Outcome—what would you like to see your child accomplish.
- Transition Plan—starts transition at 24-month review and at age 3.
- Supports and Services—including how many hours and visits per week.
- Periodic Review of the IFSP—revisit every six months.

Members of your IFSP team include you, **Service Coordinator**, other family members and Specialists who will work with your family. The team meets at least every six months to determine what supports will help your child to succeed. Some of the supports might include:

- Additional Testing
- Headstart Programs (if eligible)
- Hearing Tests
- Music Therapy
- NMSD Deaf Developmental Specialists
- NMSD Deaf Mentors
- Occupational Therapy
- Others
- Physical Therapy
- Pre-School
- Speech Therapy

Communication Considerations

Communication is how we share thoughts. Language is the means by which we communicate. Acquiring language is extremely important to your child's overall development. However you choose to communicate with your child, in whatever language you choose, your Service Coordinator can help you find appropriate resources. There are several options to consider and investigate before selecting what mode might work best for your child.

Auditory-Oral: The Auditory-Oral approach stresses technology to make the most of residual hearing to develop spoken language. Examples include the use of hearing aids or cochlear implants. This approach also includes the use of speech reading and natural gestures.

Auditory-Verbal: The Auditory-Verbal approach also stresses technology to make the most of residual hearing to develop spoken language. However, this approach focuses on listening and, therefore, does not encourage the use of speech reading.

Bilingual-Bicultural (Bi-Bi): The Bi-Bi approach focuses on the use of two languages: ASL and the native language of the family (for example, English or Spanish). ASL usually is taught as the child's first language. English (or the family's native language) is taught as the child's second language through reading, writing, and speech. Respect for Deaf culture also is taught.

Cued Speech: The Cued Speech educational program focuses on the use of cued speech and speech reading. It is a system of hand signals used by the speaker to help the listener tell the difference between certain speech sounds.

Total Communication: This approach uses a combination of sign language, speech, and best use of residual hearing through technology to help children learn speech and language. The technology might include hearing aids or cochlear implants. Sign language can be either ASL or signs from English Coding Systems. Signing, speaking, speech reading, listening, signing, cued speech, reading, writing, and natural gestures can all be used in this approach. Which ones are stressed depends on the child's strengths and weaknesses. Most total communication programs use some form of simultaneous communication (speaking and signing at the same time).

Exhibit 16: *Communication Considerations*. Adapted from *Early Intervention: Communication and Language Services for Families of Deaf and hard-Of-Hearing Children*. Center for Disease Control and Prevention, https://www.cdc.gov/ncbddd/hearingloss/freematerials/Communication_Brochure.pdf. Used with permission.

[American Sign Language](#)

If you choose to learn **American Sign Language (ASL)**, there are many opportunities available. Some classes are taught online. Contact the organizations directly to find schedules for upcoming classes and whether there is a fee:

- Albuquerque
 - [Albuquerque Sign Language Academy](#)
 - [Central New Mexico Community College](#)
 - [Deaf Culture Center](#)
 - [Jewish Community Center](#)
 - [New Mexico School for the Deaf](#)
 - [University of New Mexico](#)
 - [UNM Continuing Education](#)

- Santa Fe
 - [New Mexico School for the Deaf](#)
 - [Santa Fe Community College](#)

- Las Cruces
 - [Dona Ana Community College Community Education](#)
 - [El Paso Community College](#)
 - [New Mexico State University](#)
 - [UTEP P3 Professional & Public Programs](#)

- Visit these websites for online courses
 - [ASLpro.com](#)
 - [ASLnook.com](#)
 - [Babysignstoo.com](#)
 - [Carmel High School ASL youtube videos](#)
 - [Lifeprint.com](#)
 - [Signschool.com](#)

[Requesting ASL Interpreting](#)

The New Mexico Commission for the Deaf and Hard of Hearing maintains some Facts Sheets that are very helpful. If your child needs an ASL Interpreters, you should contact the interpreting agency at least two weeks in advance. Interpreters in New Mexico are required to be licensed and there are on-site Interpreters and Video Remote Interpreters.

- How to Find a Signed Language Interpreter:
http://www.cdhh.state.nm.us/uploads/FileLinks/ea5c26236fb24321963909e84301877e/NMCDHH_Fact_Sheet_How_to_Find_a_Signed_Language_Interpreter_10.pdf

- How to Work With a Signed Language Interpreter:
http://www.cdhh.state.nm.us/uploads/FileLinks/ea5c26236fb24321963909e84301877e/NMCDHH_Fact_Sheet_Working_with_a_Signed_Language_Interpreter_1.pdf

- Who Pays for Interpreters?:
http://www.cdhh.state.nm.us/uploads/FileLinks/ea5c26236fb24321963909e84301877e/NMCDHH_Fact_Sheet_Who_Pays_for_Interpreter_3.pdf

Family Support

You may wish to speak with other families who are on a similar journey, professionals who work with Deaf and Hard of Hearing, and Deaf or Hard of Hearing adults. Many of these organizations host educational seminars, conferences, emotional support groups and social gatherings.

Statewide Organizations

Family

Check these websites for current information on these state family support organizations:

- **Educating Parents of Indian Children with Special Needs (EPICS)**

EpicsNN.org

EPICS aims to assist families to influence change in their communities to maximize positive outcomes for children with disabilities and special healthcare needs. We achieve this by:

- Respecting each family's unique culture and experiences, we provide a circle of support that includes partnerships, resources, advocacy and opportunity for Family Leadership.
- Assists families to influence change and maximize positive outcomes for children with disabilities by respecting culture and providing a circle of support.

- **Hands & Voices New Mexico Chapter (HVNM)**

HVNM.org

Dedicated to supporting families with children who are Deaf and Hard of Hearing without a bias around communication modes or methodology. We're a parent driven, non-profit organization providing families and others who care about children who are Deaf and Hard of Hearing with the resources, networks, and information they need to improve communication access and educational outcomes for their children. Motto is "what works for your child is what makes the choice right!"

- **Parent Reaching Out (PRO)**

ParentsReachingOut.org

Non-profit organization that works with parents, caregivers, educators, and other professionals to promote healthy, positive and caring experiences for families and children. Helps families by providing individual case by case support to meet families where they are in their journey. Support for families on their journeys.

- Providing networking opportunities for families to connect and support each other.
- Believing all families care deeply about their children.

Deaf and Hard of Hearing

Check their websites for current Deaf and Hard of Hearing Organizations and upcoming events and resources:

- [Community Outreach Program for the Deaf](#)
- [Deaf Culture Center of New Mexico](#)
- [Hearing Loss Association of Albuquerque](#)
- [New Mexico Association of the Deaf](#)
- [New Mexico Commission for the Deaf and Hard of Hearing](#)

[Financial Resources](#)

Hearing Assistive Technology (HAT) is available—although much of it is expensive. Insurance coverage and other assistance may be available to help pay for it. Some sources to consider are:

- Private insurance—Insurance policies may or may not cover HAT. Check with your insurance provider to find out what they will cover.
- Loaners—Some audiology practices have loaner banks to provide **Hearing Aids** for short term testing. Ask your Audiologist.
- New Mexico Commission for Deaf and Hard of Hearing—NMCDHH often has **TTY** equipment, iPads, flashing alerts, bed shakers, and more available at no or reduced costs.
- Caption Call—May provide TTY equipment and iPad connectivity.
- Medicare and Supplemental Security Income (SSI)—Government program providing cash assistance based on income tests.

[National Organizations](#)

Check these websites for current deaf and Hard of Hearing organizations and upcoming events and resources:

- [*Alexander Graham Bell Association for Deaf and Hard of Hearing*](#)
- [*American Society for Deaf Children*](#)
- [*American Speech and Hearing Association*](#)
- [*Gallaudet University*](#)
- [*Hands & Voices*](#)
- [*Hearing Loss Association of America*](#)
- [*Laurent Clerc National Deaf Education Center*](#)
- [*National Association of the Deaf*](#)
- [*National Technical Institute for the Deaf at RIT*](#)

Hearing Assistance Technology

Hearing Assistive Technology (HAT) may help your child hear more sounds. Unlike glasses, which can correct to perfect 20/20 vision, HAT will not correct hearing to “20/20” hearing. Your child needs to develop other communication skills, such as lip-reading, asking for classroom accommodations, and advocating for themselves.

Hearing Aids

Hearing Aids amplify sound. They are programmed for your child’s Hearing Loss so that only the sounds they cannot hear have volume increased.

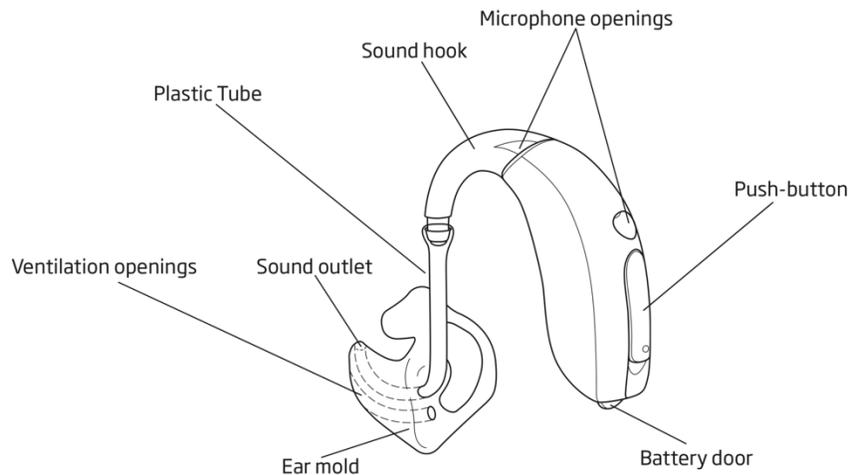


Exhibit 18: *Hearing Aid Schematic*. Courtesy of Oticon, <https://www.oticon.com/-/media/oticon-us/main/download-center/agil/ifu/120875-agil-minibte.pdf>. Page 9. Used with permission.

Styles

Your Audiologist will recommend a suitable Hearing Aid based on your child’s age and Hearing Loss:

- Behind the Ear (BTE)—generally recommended for young children. The actual Hearing Aid rests on top of and behind the hear, and only the **Ear mold** fits in the ear canal.
- In the Ear (ITE)—custom fitted to rest within the Outer Ear.
- In the Canal (ITC)—custom fitted to fit in the canal with less visibility, generally only suitable for mild to moderate Hearing Loss.

Styles of hearing aids



Exhibit 19: *Are There Different Styles of Hearing Aids? Hearing Aids*. National Institute on Deafness and Other Communication Disorders (NIDCD), <https://www.nidcd.nih.gov/health/hearing-aids>. Used with permission.

Factors

Hearing Aids come in different sizes and with many features. Many are programmable, which means you can have settings for different environments, such as classrooms or noisy restaurants. Your Audiologist will recommend suitable Hearing Aids based on your child's needs.

- Programs—different settings to better amplify sounds and reduce background noises, such as in restaurants or in a classroom.
- **FM System**—used to increase speech understanding in classrooms and noisy settings. Someone who is 20 feet away, such as a teacher, wears a small microphone that transmits directly to the Hearing Aid making it sound as if the speaker were only a foot away.
- Blue Tooth—phones, computers, TVs with Blue Tooth technology can connect to transmit sounds directly to Hearing Aids.
- **T-Coil**—similar to FM, but uses an electronic loop installed in a facility instead of a microphone.
- Earmolds—fits within the ear canal to transmit the sound amplified by the Hearing Aids. Getting a good fit with Earmolds is a critical component to success of Hearing Aid. Too loose fitting creates feedback—too tight fitting irritates the ear. Earmolds may have vents to permit natural **Residual Hearing** and a less plugged up feeling.
 - Some are custom molded to fit specific ear, and may be ordered in multiple colors and materials.
 - Others are considered “open” molds, also called “domes,” and run in variety of sizes to fit ear canal.

Baha

Bone Anchored Hearing Devices (Baha) are surgically implanted devices that transmit sound through bone conduction. Traditional Hearing Aids use air conduction. Baha bypasses the Outer and Middle Ears to stimulate the cochlea directly and are best for patients with any of the following conditions:

- Conductive or mixed Hearing Loss in one or both ears
- Chronically draining ears
- Malformed ears or ear canals
- Severe or profound Hearing Loss in only one ear (single-sided deafness)

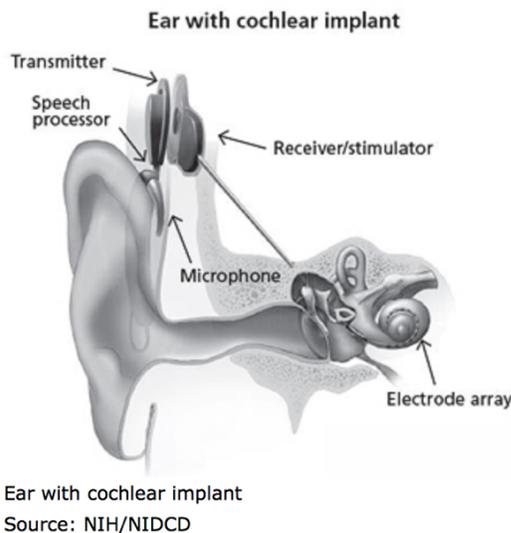
Cochlear Implants

Cochlear Implants (CI) are different than Hearing Aids. Instead of amplifying sounds, CIs convert sounds into electric impulses that stimulate the Auditory Nerve directly. The CI is surgically implanted and bypasses the non-functioning parts of the ear. It may improve communication for children with a severe to profound Hearing Loss and who do not receive any benefit from Hearing Aids.

What is a cochlear implant?

A cochlear implant is a small, complex electronic device that can help to provide a sense of sound to a person who is profoundly deaf or severely hard-of-hearing. The implant consists of an external portion that sits behind the ear and a second portion that is surgically placed under the skin (see figure). An implant has the following parts:

- ≡ A microphone, which picks up sound from the environment.
- ≡ A speech processor, which selects and arranges sounds picked up by the microphone.
- ≡ A transmitter and receiver/stimulator, which receive signals from the speech processor and convert them into electric impulses.
- ≡ An electrode array, which is a group of electrodes that collects the impulses from the stimulator and sends them to different regions of the auditory nerve.



An implant does not restore normal hearing. Instead, it can give a deaf person a useful representation of sounds in the environment and help him or her to understand speech.

Exhibit 20: *What is a Cochlear Implant? Cochlear Implants. National Institute on Deafness and Other Communication Disorders (NIDCD), <https://www.nidcd.nih.gov/health/cochlear-implants>. Used with permission.*

Other Technologies

Every day, more and more technology is being created that help everyone communicate. Check our website for new technologies as we learn of them. Some we particularly like right now include:

- Text Messaging—levels the playing field for your child’s ability to communicate one-on-one vs. using a phone.
- Face Time/Skype—permits visual contact during long distance conversations, which is helpful for lip reading capability and signing.
- Blue Tooth—improves sound quality and eliminates need for earbuds and headphones, both of which are not compatible with HAT
- Dragon Speak—App designed to type out what it hears, which is useful for giving visual feedback from your child’s speech.
- Visual and Vibrating Alarms—some companies have created smoke detectors, doorbells, oven timers, alarm clocks that light up and/or vibrate.

Education

The Americans with Disability Act (ADA) protects the rights of adults with disabilities. The Individuals with Disabilities Education Act (IDEA) protects the rights of children with disabilities. IDEA provides for Free Appropriate Public Education (FAPE), resulting in the IFSP and IEP for children with disabilities. Deafness is one of the covered categories under IDEA.

When your child is school-aged, your school will work with you to develop and **Individualized Education Plan (IEP)** or a **504 Plan**. Students with a disability who need specialized instructions and services will have an IEP. Students who do not need specialized instructions but do need accommodations for equal access, might have a 504 Plan instead.

New Mexico School for the Deaf's **Center for Educational Consultation and Training (CECT)** provides consultations to families and schools throughout the state. They provide information and support with a focus on language, communication, social-emotional engagement and literacy. Services are provided free of charge to public and charter school programs for students with an IEP or 504 Plan.

About CECT: http://nmsd.k12.nm.us/statewide_services/educational_support_for_schools

Individualized Education Plan (IEP)

The IEP outlines the services your child will receive, who will provide them, how often they will be delivered, and what will be used to measure success. An IEP must contain or address the following in writing:

- Student Profile & Student/Family Vision
- Consideration of Special Factors
- Present Levels of Performance
- Measurable Post-School Goals—Secondary
- Transition Services Secondary IEP
- Transition Planning—Preschool/Elementary IEP
- Annual Goals/Objectives/Benchmarks
- Extended School Year
- Participation in Mandated Testing
- Least Restrictive Environment
- Schedule of Services
- Consent for Medicaid
- Levels of Services
- Setting
- Accommodations & Modifications
- IEP Progress Documentation
- Prior Written Notice of Proposed Actions
- Transition Planning—Post-School Goals (required beginning at age 14)
- Addendum for Students who are Deaf or Hard of Hearing Communication Considerations <https://webnew.ped.state.nm.us/wp-content/uploads/2018/01/Communication-Considerations-for-Students-Who-Are-Deaf-or-Hard-of-Hearing.pdf>

Members of your IEP team include parents, your child, regular education teacher, school IEP Coordinator, other family members and Specialists that will work with your family. The team meets at least annually to determine what supports will help your child to succeed. Some additional team members might be:

- Regular Education teacher
- Special Education teacher
- School IEP Coordinator
- Service Provider (such as Speech Therapist, may provide written report if not attending)
- Evaluation Professional (if there are evaluations that need interpretation)
- Parent Advocate (if desired)

Classroom Supports

In addition to IEPs and HAT, there are some techniques that might help your child succeed in learning. The key to success is teaching your child to advocate for themselves early.

- Participate in IEP meetings as young as possible.
- Manage equipment.
- Ask people to rephrase rather than repeat.
- Teach peers to face them when speaking.
- Ask for Classroom Accommodations to help reduce stress and fatigue (Exhibit 21.)
- Learn their rights for access under ADA law.

Educational Options

New Mexico has several educational options: public schools, home schooling, and schools that specialize in educating Deaf and Hard of Hearing children. Explore your options. Contact and visit the schools as they all have different philosophies and delivery of services.

Classroom Accommodations

Creating an Optimal Learning Environment for a Hard of Hearing Student

Hard of Hearing students work very hard to understand what is said in and out of the classroom. Listening requires their full attention, auditory and visual. They can't half listen or let their minds wander. They have to fill in and guess at times. This creates fatigue and stress and some misunderstandings. The effort listening requires day in day out is often taken for granted.

These strategies will enhance understanding, facilitate learning, and reduce stress & fatigue:

1. USE THE FM SYSTEM

- Clip microphone on before class, wearing it about a fist width away from your mouth and avoiding wearing jewelry or anything that might bang against it.
- Turn microphone on when you are speaking to the class as a whole, a group including the HI student, or the HI student individually.
- Turn microphone off when you are not speaking to the HI student, especially when you step outside the classroom or are speaking to another teacher, parent or student.
- Encourage guest speakers, students making presentations, etc. to use the microphone.

2. ENHANCE VISUAL INFORMATION

- Seat the student so your face can be easily seen for speechreading.
- Face the student when you talk. Do not hold books or papers in front of your face and do not talk while writing on the board.
- Put as much information as possible in writing.

3. REDUCE CLASSROOM NOISE

- Seat this student away from potential sources of noise such as fans, vents, open windows, pencil sharpeners, noisy students, etc.
- Do not play background music while students work at their desks.

4. CHECK/ENHANCE COMPREHENSION

- Do not ask "did you hear?" or "did you understand?". The hearing-impaired student has no way of knowing if they understood everything that was said.
- Ask the student specific questions related to the material, have them repeat information or instructions, or observe their work to check for comprehension.
- Pretutor new vocabulary and new units prior to the initial classroom presentation.

5. MAKE CLASSROOM DISCUSSIONS MORE ACCESSIBLE

- Slow down the pace - pass an object from speaker to speaker *Seat the students in a semi-circle
- Repeat or paraphrase what was said.

6. OTHER ISSUES

- Note taking - student needs to look at the speaker and cannot look down to write notes. *Films - turn on the captions or English subtitles for all films.
- Avoid oral tests.
- May miss what is said in the background - announcements, classroom jokes, etc. *Assemblies - speakers should use the FM mic

Exhibit 21: *Creating an Optimal Learning Environment for a Hard of Hearing Student*, by Audrey Chumley, Educational Audiologist. Used with permission.

[Specialized Schools](#)

Albuquerque Public Schools

Central Office

6400 Uptown Blvd NE
Albuquerque, NM 87110
505-253-0310 Ext. 67202

<http://www.aps.edu>
Pre-K to Grade 12

Hodgin Elementary School

3801 Morningside Dr NE
Albuquerque, NM 87110
505-881-9855

<http://hodgin.aps.edu/dhh>
Pre-K to Grade 5

McKinley Middle School

4500 Comanche Rd NE
Albuquerque, NM 87110
505-881-9390

<https://mckinley-aps-nm.schoolloop.com>
Grade 6 to Grade 8

Del Norte High School

5323 Montgomery Blvd NE
Albuquerque, NM 87109
505-883-7222

<http://delnorte.aps.edu>
Grade 9 to Grade 12

Albuquerque Sign Language Academy

620 Lomas Blvd NW
Albuquerque, NM 87102
505-247-1704

<http://aslacademy.com/home>
Pre-K to Grade 8*
* Life Skills Students to Grade 12

New Mexico School for the Deaf

1060 Cerrillos Rd
Santa Fe, NM 87505
505-476-6300
505-216-2000 (VP)

<http://nmsd.k12.nm.us>
Pre-K to Grade 12

Presbyterian Ear Institute

415 Cedar St SE
Albuquerque, NM 87106
505-224-7020

<http://www.presbyterianeareinstitute.org>
18 Months to Grade 2

Questions - Education

Here are some suggested questions you might want to ask when consulting with educational providers before selecting who will work best for your child.

School:

General:

- Ages/Grades Served:
- Teacher/Student Ratio:
- Instructional Languages:
- Fees:

Demographics:

- Number Students?
- Number of Deaf and Hard of Hearing Students?

Deaf and Hard of Hearing Services:

- Hearing Tests Available?
- Type of Hearing Tests Offered?
- Speech Therapy offered?
- Occupational Therapy offered?
- Hearing Aid and FM Maintenance?
- FM or other systems used?

Other Services:

- Before School Care Available?
- Fee for Before School Care?
- After School Care Available?
- Fee for After School Care?
- Title X Meals Available?

Transportation Provided:

Other?

Appendices

Appendix A

Pediatric Audiologists
as of July 1st, 2018

Appendix B

Pediatric Ear Nose Throat Doctors
as of July 1st, 2018

Appendix C

Family Infant Toddler Providers
as of July 1st, 2018

Appendix D

Terms and Definitions

Appendix E

Additional Family Resources
as of July 1st, 2018

Appendix A

Pediatric Audiologists

As of July 1st, 2018

Sources: NM EHDI Audiology Subcommittee, NM DOH

Phone (Fax)	Birth to 18	Screen OAE	Diagnosis - ABR Testing		Technology Used			Languages		
			Sedated	Non-Sedated	Hearing Aids	Other	English	Spanish	ASL	Native American
Alamogordo										
Advanced Hearing Care https://ahcnm.com 1401 E. 10 th St, Suite C Alamogordo, NM 88310	●	●	●	●	●	●	●	●	●	●
575-446-4232 877-602-1096 (Fax)										
Alamogordo Ear, Nose and Throat http://www.alamogordoeent.com 1401 E. 10 th St, Suite C Alamogordo, NM 88310	●	●	●	●	●	●	●	●	●	●
575-437-4533 575-437-5009 (Fax)										
Southwest Hearing Services 1211 10 th St #3 Alamogordo, NM 88310	●	●	●	●	●	●	●	●	●	●
575-437-3708 575-437-3709 (Fax)										
Albuquerque										
Albuquerque Health Partners Center for Hearing www.abqhhp.com • 5400 Gibson Blvd NE Albuquerque, NM 87108 • 10511 Golf Course Rd NW Albuquerque, NM 87114	● 6m to 18	●	●	●	●	●	●	●	●	●
505-262-3277 505-232-1171 (Fax)										
Albuquerque Hearing & Balance www.abqhearing.com 10700 Corrales Rd NW, Suite I Albuquerque, NM 87114	●	●	●	●	●	●	●	●	●	●
505-890-0003 505-890-3330 (Fax)										
Albuquerque Speech, Language and Hearing Center www.aslhc.org 9500 Montgomery Blvd NE, Suite 215 Albuquerque, NM 87111	●	●	●	●	●	●	●	●	●	●
505-247-4224 505-247-1772 (Fax)										
Audiology Associates www.romerohearing.com 415 Cedar St SE Albuquerque, NM 87106	● 8m to 18	●	●	●	●	●	●	●	●	●
505-842-5810 505-842-5816 (Fax)										
Dar a Luz Birth and Health Center http://www.daraluzbirthcenter.org 7708 4th St NW Albuquerque, NM 87107	● Birth to 2m Midwife Births	●	●	●	●	●	●	●	●	●
505-924-2229 505-554-3673 (Fax)										
Ear Associates 415 Cedar St SE Albuquerque, NM 87106	●	●	●	●	●	●	●	●	●	●
505-224-7610 505-224-7619 (Fax)										
East Mountain Hearing & Balance www.eastmountainhearing.com 7007 Wyoming Blvd NE, Suite B4 Albuquerque, NM 87109	●	●	●	●	●	●	●	●	●	●
505-217-0912 505-217-0913 (Fax)										

Appendix B

Pediatric Ear, Nose & Throat Doctors

As of July 1st, 2018

Source: NM DOH

Pediatric Fellowship Trained ENT – practice specializing in pediatric care.

Pediatric Care – ENT practice that serves all ages and offers pediatric care.

<i>Albuquerque</i>	
Ear Associates	Pediatric Fellowship Trained ENTs
415 Cedar St SE Albuquerque, NM 87106	505-224-7610
Presbyterian Hospital Physician Office Building https://www.phs.org/doctors-services/services-centers/childrens-health/peds-ears-nose-throat/Pages/presbyterian.aspx	Pediatric Fellowship Trained ENTs
201 Cedar St SE, Suite 4660 Albuquerque, NM 87106	505-563-6530 505-563-6375 (Fax)
University of New Mexico Hospital https://hsc.unm.edu/health/patient-care/pediatrics/ear-nose-throat.html	Pediatric Fellowship Trained ENTs
Central Appointments	505-272-1111
Main Campus (UNMH Clinic) 2211 Lomas Blvd NE 2ACC – Surgical Subspecialties Clinic Albuquerque, NM 87131	505-272-2336 505-272-4809 (Fax)
Northeast Heights - ENT 7801 Academy Rd NE Albuquerque, NM 87109	505-272-2302 505-272-0300 (Fax)
UNMH ENT and Microtia Clinic 7801 Academy Rd NE Albuquerque, NM 87109	505-272-2336 505-272-2330 (Fax)
<i>Alamogordo</i>	
Alamogordo Ear, Nose and Throat http://www.alamogordoent.com	Pediatric Care
1401 E. 10 th St, Suite C Alamogordo, NM 88310	575-437-4533 575-437-5009 (Fax)

Appendix B

Pediatric Ear, Nose & Throat Doctors

As of July 1st, 2018

Source: NM DOH

Albuquerque

Ear, Nose, Throat Specialists of New Mexico

<http://www.hnsnm.net>

1020 Tierjas Ave NE, Suite 22
Albuquerque, NM 87106

Pediatric Care

505-848-3124
505-848-8077 (Fax)

Farmington

Pinon Hills Ear, Nose and Throat

www.phent.net

2300 E 30th St, Bldg D-102
Farmington, NM 87401

Pediatric Care

505-327-4429

Gallup

Gallup Indian Medical Center

<https://www.ihs.gov/navajo/healthcarefacilities/gallup/>

516 E Nizhoni Blvd
Gallup, NM. 87301

Pediatric Care

505-722-1585

Native American Care Only

Las Cruces

Memorial Ear, Nose & Throat Institute

<https://www.memorialphysicianpractices.com>

1165 Commerce Dr, Suite A
Las Cruces, NM 88011

Pediatric Care

575-556-1860
575-556-1861 (Fax)

Santa Fe

Southwestern Ear, Nose & Throat (SWENT)

www.swentnm.com

1620 Hospital Dr
Santa Fe, NM 87505

Pediatric Care

505-946-3947
505-946-3945 (Fax)

Appendix C

Family Infant Toddler Providers

As of July 1st, 2018

Source: <https://nmhealth.org/publication/view/general/3565/>

FIT Providers with Deaf and Hard of Hearing Specialists.

	Bernalillo	Chavez	Cibola	Curry	Dona Ana	Grants	Gudalupe	Luna	McKinley	Mora	Otero	Quay	Roosevelt	San Juan	San Miguel	Sandoval	Santa Fe	Torrance	Valencia	Other Counties	
* New Mexico School for the Deaf (NMSD) http://www.nmsd.k12.nm.us/statewide_services/early_intervention_programs 800-841-6699 505-476-6424 (Fax)	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Statewide
* Presbyterian Ear Institute http://www.presbyterianearinstitute.org/parent-infant-program 505-224-7020 505-224-4023 (Fax)	●																				
Abrazos Family Support Services http://www.abrazosnm.org/early_intervention.htm 505-867-3396 505-867-3398 (Fax)	●														●						
Alta Mira Specialized Family Services http://www.altamiranm.org/index.php/early-intervention 505-262-0801 505-262-0845 (Fax)	●																●				
Amplified Therapies Not Available 575-535-2499 575-489-6703 (Fax)					●		●														● Catron Hidalgo
Aprendamos Intervention Team http://aitkids.com/ 575-526-6682 575-523-7254 (Fax)				●																	
BMSI (Bilingual Multicultural Services, Inc.) http://www.bestsupportteam.org/ 505-266-5557 505-266-5545 (Fax)	●														●	●					
CARC, Inc. http://www.carcinc.org/child-services.html 575-887-2272 575-234-2645 (Fax)																					● Eddy
The Children's Workshop - CDD http://www.citizensforthehd.com/TCW.html 575-445-5674 x203 575-445-8254 (Fax)									●					●							● Colfax Harding Union
Dungarvin http://www.dungarvin.com/locations/new-mexico/ 505-722-4383 505-722-2191 (Fax)								●													● Zuni Pueblo
ENMRSH https://www.enmrsh.org/child-services.html 575-742-9033 575-763-4158 (Fax)			●		●					●	●										● De Baca
Ensuenos y Los Agelitos http://eladc.org/ 575-758-4274 575-758-1680 (Fax)																					● Taos
Growing In Beauty http://www.nnosers.org/growing-in-beauty.aspx 505-722-5081 505-722-1450 (Fax)								●					●								● Navajo Nation

FIT Providers

Appendix

What works for your child is what makes the choice right!

Appendix C

Family Infant Toddler Providers

As of July 1st, 2018

Source: <https://nmhealth.org/publication/view/general/3565/>

	Bernalillo	Chavez	Cibola	Curry	Dona Ana	Grants	Guidalupe	Luna	McKinley	Mora	Otero	Quay	Roosevelt	San Juan	San Miguel	Sandoval	Santa Fe	Torrance	Valencia	Other Counties		
New Vistas http://www.newvistas.org/programs/early-childhood-development 505-471-1001 505-989-8740 (Fax)									●					●		●						
PB&J Family Services http://pbjfamilyservices.org/programs/ 505-877-7060 505-877-7063 (Fax)	●														●							
Pine Hill Early Intervention Program http://rnsb.k12.nm.us/our-school/ 505-775-3502 X2407 505-775-3638 (Fax)			●																			
Presbyterian Medical Services (PMS) - Roundtree Developmental Services http://www.pmsnm.org/locations/roundtree-childrens-developmental-services 505-327-7720 505-326-5288 (Fax)													●									
Positive Outcomes (Alberta House) http://www.positiveoutcomestherapy.com/ 575-838-0800 575-838-3999 (Fax)																				●	Socorro	
Region IX Developmental Services http://www.rec9nmn.org/Developmental_Services 575-257-3105 575-257-1033 (Fax)																			●	●	Lincoln	
Tobosa - Los Pasitos http://www.lospasitos.org/ 575-623-0849 575-622-0277 (Fax)		●																				
Tresco, Inc./TOTS http://www.trescoinc.org/early-intervention.html 575-527-4901 575-523-1756 (Fax)																				●	Sierra	
UNM CDD FOCUS Program http://cdd.unm.edu/echfs/Focus.html 505-272-3459 505-272-3461 (Fax)	●														●		●	●				
UNM Developmental Continuity Care Program UNM DCCP http://pediatrics.unm.edu/divisions/neonatology/programs/DevelopmentalCareProgram.html 505-272-6808 505-925-4089 (Fax)	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Statewide
Zia Therapy Center, Inc. http://www.ziatherapy.org/ 575-439-4900 575-439-4990 (Fax)									●													

FIT Providers

Appendix

Appendix D

Terms and Definitions

American Sign Language (ASL)

A visual and tactile language with grammar rules and syntax.

Audiogram

Graphical representation of Hearing Loss, charted with Frequency (pitch) on the vertical axis and Decibels (loudness) on the horizontal axis.

Audiologist

Health care professional trained to evaluate Hearing Loss and related conditions, including vestibular (balance) and tinnitus (ringing in the ears).

Auditory Brain Stem Response (ABR) or Automated Auditory Brain Stem Response (AABR)

Neurological test of auditory brainstem function in response to auditory stimuli.

<https://www.youtube.com/watch?v=VT2Uq7LtXCo>

Auditory Nerve

Bundle of nerve fibers that relay hearing information between the cochlea and brain.

Auditory Neuropathy

Type of Hearing Loss with hair cells present in the cochlea, but not faithfully transmitted through the Auditory Nerve to the brain.

<https://www.youtube.com/watch?v=ZZFERUP15wE&t=0s&index=24&list=PLcE0nANeV5MqilMHTFSNCEQksrl0-pYIT>

Bilateral

Hearing Loss in both ears. Unilateral is Hearing Loss in only one ear.

Bone Anchored Hearing Device

Surgically implanted device that transmits sound through bone conduction.

Cochlear Implant (CI)

Surgically implanted device that stimulates the cochlea and provides a representation of sounds.

<https://www.youtube.com/watch?v=lzqQrHFDNLE>

<https://www.youtube.com/watch?v=FaECM1FUZfo&t=52s>

Conditioned Play Audiometry (CPA)

Hearing Test done in young children (ages two to five) using toys to focus the child's attention and making the test a game. Children drop toys in a bucket after hearing a sound. Also called Play Audiometry.

<https://www.youtube.com/watch?v=01izL6HzYzA&list=PLcE0nANeV5MqilMHTFSNCEQksrl0-pYIT&index=25>

<https://www.youtube.com/watch?v=Sqdv-FUr9AI>

Conductive Hearing Loss

Hearing Loss due to problem conducting sound waves along the route through the Outer Ear, eardrum to Middle Ear.

Decibel (dB),

Unit used to measure intensity (loudness) of sound on a logarithmic scale.

Appendix D

Terms and Definitions

Diagnosis

Identification and confirmation of Hearing Loss.

Ear

Organ of hearing and balance. Sound waves travel from the Outer Ear, through the Middle Ear, until reaching the Inner Ear, at which point the sound is translated into electrical impulses and travels via the Auditory Nerve to the brain.

https://www.youtube.com/watch?annotation_id=annotation_2590531863&feature=iv&src_vid=MXt_gX2Srgo&v=T8lKKlInnC6M

Ear Nose Throat (ENT)

Health practice concerned with the study and treatment of disorders and diseases of the ear, nose and throat. Also referred to as Otolaryngology.

Earmold

Attached to Hearing Aids and resting in the Outer Ear. It transmits amplified sounds into the Ear Canal.

Early Hearing Detection and Intervention (EHDI)

Process of identifying Hearing Loss in young children and utilizing resources to intervene and develop language and communication.

Early Intervention (EI)

Range of targeted services to help young children with developmental delays catch up with their peers.

Early Intervention Involvement Division (EIID)

Statewide division with Specialists trained to work with families whose infants, toddlers, and children who are Deaf and Hard of Hearing. They provide Regional Consultants, Deaf Developmental Specialists, Deaf Mentors, and other services.

http://nmsd.k12.nm.us/statewide_services/early_intervention_programs

Family Infants Toddlers (FIT)

Statewide program providing Early Intervention for children from birth through age three who have, or are at risk for, developmental delays. Services are outlined in the IFSP and are designed to help young children with delays to catch up with their peers.

<https://nmhealth.org/publication/view/general/3565/>

FM System

Wireless assistive hearing devices that consist of two components: a transmitter and a receiver. Combined they enhance the use of Hearing Aids, Cochlear Implants in noisy environments and over distances.

<http://www.uww.edu/comdis/radio/fm/fmdemo3a.mov>

<http://www.uww.edu/comdis/radio/fm/fmdemo3b.mov>

Frequency

Speed, number of wave cycles per second, of vibration that determines the pitch of sounds, measured in Hertz (Hz) or cycles per second.

Geneticist

Health care professional trained in the study of inherited genetic characteristics.

Appendix D

Terms and Definitions

Hands & Voices New Mexico (HVNM)

Non-profit organization dedicated to supporting families with children who are Deaf or Hard of Hearing without bias around communication modes of methodology. It is parent-driven and provides families with resources, networks, and information to improve communication access and educational outcomes.

Hearing Aids

Small device that fits in or on the ear to amplify sounds.

<https://www.youtube.com/watch?v=Q1XCOWQf5v0&list=PLM8CSh-B0clwYlikRXJ6Uk2Y0kpowy4Ef&index=8>

Hearing Loss

Partial or total inability to hear. Degrees of Hearing Loss are described as mild, moderate, severe, and profound.

<https://www.youtube.com/watch?v=1EJ4g3J6cJM>

Hearing Tests

Evaluations of hearing performed by Audiologists. There are many types of Hearing Tests given:

- Auditory Brain Stem Response (ABR)
- Automated Auditory Brain Stem Response (AABR)
- Otoacoustical Emission (OAE)
- Conditioned Play Audiometry (CPA)
- Screening
- Tympanogram
- Visual Reinforcement Audiometry (VRA)

Inner Ear

Semicircular canals and cochlea lined with hair cells that convert sound waves to electrical signals to the Auditory Nerve.

Medical Specialists

Health care professionals trained in specific areas of medicine, some of whom may assist in your child's journey:

- Audiologist
- Ear Nose Throat Physician (ENT)
- Geneticist
- Otolaryngologist
- Occupational Therapists
- Ophthalmologist
- Primary Care Physician (PCP)
- Speech Therapist

Microtia

External ear (pinna) may not be fully formed. Completely undeveloped pinna is referred to as anotia. May also be referred to as microtia-anotia.

Appendix D

Terms and Definitions

Middle Ear

Air-filled central cavity of the ear behind the eardrum containing three small bones, called ossicles.

- Malleus (Hammer)
- Incus (Anvil)
- Stapes (Stirrup)

Magnetic Resonance Imaging (MRI)

Diagnostic technique using magnetic fields and radio waves to produce detailed images of soft tissue and bones.

Newborn Hearing Screening

<https://nmhealth.org/about/phd/fhb/cms/nbhs>

New Mexico School for the Deaf (NMSD)

New Mexico's first public school to provide for the unique needs of children and students who are Deaf and Hard of Hearing, their families, and professional partners by providing a comprehensive array of school and statewide programs.

<http://nmsd.k12.nm.us>

Ophthalmologist

Health care professional concerned with the study and treatment of disorders and diseases of the eye.

Otolaryngologist

Health care professional concerned with the study and treatment of disorders and diseases of the ear, nose and throat. Also referred to as an Ear Nose Throat (ENT) doctor.

Otoacoustical Emission Test (OAE)

Recording of sounds that the ear produces itself and can be used to test the function of the cochlear hair cell function.

<https://www.youtube.com/watch?v=c9BmtEFNuCo>

[https://www.infanthearing.org/flashplayer/echo-video-player-](https://www.infanthearing.org/flashplayer/echo-video-player-hd.htm?file=http://www.infanthearing.org/flashvideos/Hear%20and%20Now/Introduction%20to%20the%20)

<hd.htm?file=http://www.infanthearing.org/flashvideos/Hear%20and%20Now/Introduction%20to%20the%20AE%20Procedure.mp4>

Outer Ear

The Outer Ear concentrates sound vibrations to make the ear drum vibrate. Consists of:

- Visible part of the ear (pinna)
- External acoustic meatus
- Outside opening to the ear canal
- External ear canal which leads to the ear drum.

Primary Care Physician (PCP)

Health care professional who provides the first contact for health concerns.

Residual Hearing

Ability to hear some sounds even if a Hearing Loss exists.

Appendix D

Terms and Definitions

Risk Factors

Something that may increase susceptibility to Hearing Loss.

Sensorineural Hearing Loss

Hearing Loss attributed to the Inner Ear (cochlea and hair cells) or the vestibulocochlear nerve.

<https://www.youtube.com/watch?v=Mox49frtbOQ&list=PLcE0nANeV5MqilMHTFSNCEQksrl0-pYIT&index=26>

Service Coordinator

Person who helps coordinate medical and other services after a Diagnosis has been made.

Sound Booth

Small enclosed space used to evaluate hearing abilities.

Speech Banana

Region in which all the phonemes of language fall in an audiogram.

Tympanogram

Examination used to test the condition of the Middle Ear and mobility of the eardrum.

Unilateral

Hearing Loss in only one ear. Bilateral is Hearing Loss in both ears.

Visual Reinforcement Audiometry (VRA)

Hearing Test used to evaluate hearing in infants and young (6 months to 2 years) children. Child is taught to look at a visual cue after hearing a sound.

<https://www.youtube.com/watch?v=BB8dnQbFnTo>

Appendix E

Additional Family Resources

As of July 1st, 2018

Source: *Envision New Mexico*

Resources in Sandoval County

Food, Clothes, Housing, Jobs, Domestic Violence, Substance Abuse, Mental Health, Health Clinics, Pueblo and IHS Health Services



Additional
Family
Resources

Food, Clothes, and Supplies

Storehouse West

1030 Veranda Dr. SE, #F
Rio Rancho, NM 87124

They can help with food, children's clothes, personal care supplies, and giving limited financial help.

To get help here—

- you must have children living in your home.
- you must register with Storehouse West.

Call before you go.

505-892-2077

Housing, Rent, and Jobs

Here are two organizations that serve the homeless and one organization that can help with rent and jobs. There aren't many resources for homeless people in Sandoval County. The main shelters are in Albuquerque.

Joy Junction Homeless Shelter

4500 2nd St. SW
Albuquerque, NM 87105

505-877-6967

Albuquerque Rescue Mission

525 2nd St. SW
Albuquerque, NM 87102

505-346-4673 (505-346-HOPE)

HELP-New Mexico, Inc.

Call them if you need help with—

- paying your rent
- job training
- looking for jobs

Sandoval County Office: **505-766-4958**

Appendix E

Additional Family Resources

As of July 1st, 2018

Source: *Envision New Mexico*

Domestic Violence Shelters and Services

Haven House

Rio Rancho, NM

- Emergency shelter for women and children who have suffered domestic violence.
- You must be sent by CYFD (Children, Youth, and Families Department), police, or a hospital. They might give you a phone interview.
- They give legal help and case management to victims of domestic violence (all genders). This includes restraining orders.

1-800-526-7157

<http://www.havenhouseinc.org/>

Enlace Comunitario

Albuquerque, NM

- Helps Spanish-speaking women who are victims of domestic violence
- Works to prevent domestic violence

505-246-8972

Hours: Monday – Friday, 8:00am – 5:00pm

Substance Abuse and Mental Health

Circle of Life Behavioral Health Network

Española, NM

- For Native Americans from New Mexico
- Counseling and treatment for adults and teens
- Residential substance abuse treatment program for adults
- Domestic violence counseling

505-852-1377

Turquoise Lodge

- Serves adults and teens from New Mexico
- Substance abuse and mental health treatment hospital
- Preference is given to patients who are pregnant and patients who struggle with injected (IV) drug use

505-841-8978

Appendix E

Additional Family Resources

As of July 1st, 2018

Source: *Envision New Mexico*

Substance Abuse and Mental Health (continued)

Butterfly Healing Center

- Treatment center for Native American youth.
- Inpatient (long-term stay) and outpatient (in-and-out appointments)
- Gives preference to members of the tribes of the Eight Northern Indian Pueblos Council

575-571-7688

Santo Domingo Health Center Behavioral Health Program

85 W. Highway 22
Santo Domingo, NM 87052

Substance use treatment and counseling for children, adults, and elderly of the Kewa Pueblo.

505-465-3060

Five Sandoval Indian Pueblos, Inc. Behavioral Health Program

4321 Fulcrum Way NE, Suite A1
Rio Rancho, NM 87144

- For youth and adults of the Cochiti, Zia, Sandia, Jemez, and Santa Ana Pueblos
- Counseling for drug and alcohol use
- DWI classes
- Group counseling
- Jail prevention programs
- Gambling counseling

505-867-3351

Open Skies Healthcare

2600 American Rd. SE, Suite 216
Rio Rancho, NM 87124

- For children, youth, and young adults 24 and younger
- Mental healthcare and treatment
- Crisis intervention
- Foster care
- Respite care (we send a caregiver to give a break to parents of kids with special needs)
- Help with managing medicines

505-891-9797

Appendix E

Additional Family Resources

As of July 1st, 2018

Source: *Envision New Mexico*

Health Clinics

These clinics have low cost or free services.

Presbyterian Medical Services Family Health Center

2300 Grande Blvd. SE, Suite A
Rio Rancho, NM 87124

If you don't have insurance, you might be able to pay on a sliding scale. This means that the amount you pay depends on how much money you make.

505-896-7100

Planned Parenthood, Rio Rancho Health Center

4300 Ridgecrest Dr., Suite P
Rio Rancho, NM 87124

Here you can get testing for sexually-transmitted infections (STIs), birth control, reproductive health counseling, and some primary care services. You must pay when you go there, but Planned Parenthood helps people who are uninsured or who need help getting insurance.

505-899-7900

El Pueblo Health Services

121 Calle del Presidente
Bernalillo, NM 87004

- Primary care services for people who live in Sandoval County
- If you don't have health insurance, you can pay on a sliding fee scale. This means that the amount you pay depends on how much money you make.
- They accept many insurance plans.

505-867-2324



Appendix E

Additional Family Resources

As of July 1st, 2018

Source: *Envision New Mexico*

Indian Health Services (IHS) and Pueblo Clinics

Cochiti Pueblo Cochiti Health Clinic 270 Windmill Road Cochiti Pueblo, NM 87072 505-465-2440	Jemez Pueblo Jemez Comprehensive Health Center 106 Sheep Springs Way Jemez Pueblo, NM 87024 575-834-7413
Laguna Pueblo ACL Clinic ACL Service Unite 80B Veterans Blvd. Acoma, NM 87034 505-552-5300	Santa Ana Pueblo Santa Ana Health Center O2-C Dove Road Bernalillo, NM 87004 505-867-2497
Santo Domingo Pueblo Santo Domingo Health Services 85 W. Highway 22 Santo Domingo Pueblo, NM 87052 505-465-3078	Zia Pueblo Zia Health Clinic 155 Capitol Square Drive Zia Pueblo, NM 87053 505-867-5258

Additional
Family
Resources

Pueblo Community Health Representatives

Many of the pueblos have community health representatives (CHRs). CHRs are community members trained by Indian Health Services (IHS). They can give information on health services, help coordinate patients' care, and advocate for community members.

How to Contact a Community Health Representative

- **Jemez Pueblo:** 575-834-7207 (Public Health Department)
- **Cochiti Pueblo:** 505-465-2500
- **Laguna Pueblo:** 505-552-6652
- **Santa Ana Pueblo:** 505-771-6747
- **Zia Pueblo:** 505-867-3424 (Medical CHR Office) or 505-867-3144 (Dental CHR Office)
- **Santo Domingo Pueblo:** 505-465-2214

