



What's inside...

P1-2 Iowa EhDI Moves Ahead With Distance ABRs

P3 A Review of Summer's Story: "The Coming of Age with the Cochlear Implant"

P4-8 Comparison of Iowa's 2008 & 2009 EhDI Hearing Screening and Follow-up Survey

P6 Funding Announcement

P8 Iowa Lions Hearing Aid Bank 2011 New Coordinator for Iowa Lions Hearing Aid Bank

P9 Communication Ground Rules

P10-13 A Personal Interview with Summer Crider

P13 Switched at Birth...A Parent's Perspective

P14-15 Sign Language Interpreters and IEP Meetings

P16 2011 Hands & Voices Leadership Conference

P17 Child Health Specialty Clinics Regional Centers Offer Hearing Screens

P18 Deaf Iowans Against Abuse CSD of Iowa Fundraiser



Iowa EhDI Moves Ahead With Distance ABRs

Last year, the Iowa EhDI program received federal funds under the American Recovery and Reinvestment Act to conduct a pilot program to try diagnostic pediatric auditory brainstem response (ABR) tests via distance for children who live far from a diagnostic site. In May 2011, Lenore Holte and Emily Andrews, Iowa EhDI audiologists, launched the telehealth pilot from the Center for Disabilities and Development (CDD) in Iowa City to the Child Health Specialty Clinic (CHSC) Regional Center located in Oelwein, Iowa. The Oelwein CHSC Regional Center was selected as the pilot site based on several variables, including: (1) Geographic proximity to an Amish community; (2) Distance between other diagnostic ABR units; and, (3) Oelwein staff previously trained on EhDI System of Care and conducting Otoacoustic Emission (OAE) hearing rescreens. Remote telehealth ABRs were conducted on nine-month-old twin girls who came to the Oelwein CHSC Regional Center. These babies

continued on page 2

Advisory Update

The next meeting of the Iowa Early Hearing Detection and Intervention Committee is:

January 5, 2012
9 a.m. - 12 p.m.

Call Tammy for ICN locations

| January | | | | | | |
|---------|----|----|----|----|----|----|
| S | M | T | W | T | F | S |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 29 | 30 | 31 | | | | |

Contact Tammy O'Hollearn for special accommodations at least 48 hours in advance of the meeting

Past meeting agendas, minutes and a list of committee members are available online! Visit www.idph.state.ia.us/iaehdi.

Iowa EHDI Moves Ahead With Distance ABRs

continued from page 1

passed their newborn hearing screen, but were graduates of an extended NICU stay and thus at risk for delayed onset hearing loss. For this initial remote testing, one audiologist was onsite at the CHSC Regional Center to assist the RN and troubleshoot if necessary, and the other audiologist was at CDD with technical support on standby. The diagnostic ABR worked successfully.

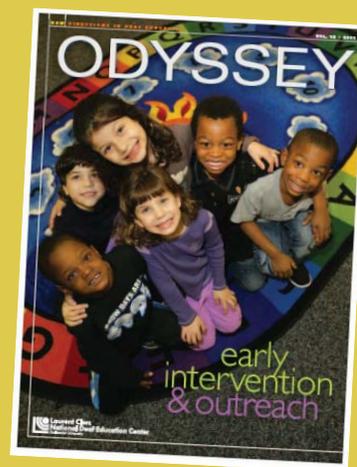
Since then, there have not yet been any additional opportunities to conducted diagnostic ABR evaluations via telehealth in Oelwein. Area health care providers were informed of this additional option, but no referrals have been made to date. Strategies are currently underway to consider alternate placements for the telehealth ABR unit or to consider moving it around as needed. If any of you know of infants in that area who need a diagnostic ABR, it can be scheduled on Monday, Tuesday or Thursday afternoons. Call Emily Andrews (319) 384-6894 or Lenore Holte (319) 356-1168 to talk about scheduling.

Next steps in this project will include (1) Further evaluation on making the telehealth equipment mobile and available to other CHSC Regional Centers, (2) Finalizing the best practices guide for dissemination, and (3) Developing marketing strategies to better inform area healthcare providers on the availability and ability to perform hearing diagnostic telehealth equipment in their respective areas.

By Lenore Holte, Ph.D., EHDI Lead Pediatric Audiologist

Did You Know...

The Clerc Center at <http://clerccenter.gallaudet.edu>, a deaf education center, has several new products and publications available for families and professionals who work with deaf and hard of hearing students. The Odyssey Magazine volume 12, 2011 "New Directions in Deaf Education" features a number of articles addressing the impact of early hearing detection and early intervention programs across the United States. This publication may be found at the above email address.



A Review of Summer's Story:

"The Coming of Age with the Cochlear Implant"

Summer Crider is a true bilingual Deaf adult. She embraces ASL and is a proud member the Deaf community. She also uses a cochlear implant for her listening needs. "Summer's Story: The Coming of Age with the Cochlear Implant" is an excellent introduction to the issues families of deaf infants and children encounter. The DVD is also a great resource tool for audiologists and early intervention providers to have on hand to loan out to parents and professionals working with them.

Summer's story is about her experience as a profoundly deaf child, who grew up in a musical family where sound was emphasized. In that aspect, the different experiences she encountered at home, school and alone were highlighted. Summer learned to speak, sign and obtained a cochlear implant in her elementary school years. Growing up, she also attended both types of schools: mainstream and schools for the deaf. Because her family was in the entertainment business, they were able to collect videos of Summer's childhood which are shown in the DVD. It is truly an authentically unbiased story of a deaf child who grew up surrounded by ASL and English bilingually.



Perspectives from her parents, siblings and professionals, in the form of interviews, were briefly added to expand on her story. Her personal perspective is unique because it shows that a person can live in two worlds, Deaf and Hearing, and be included and successful in both. Summer's life was impacted by her parents, educators, the Deaf community, peers, audiologists, doctors, and educators. Her experience relates to that of many deaf or hard-of-hearing children.

Summer later added a supplementary video that is now sold with the original DVD. This includes her post-college life and her philosophy regarding speech, cochlear implants and sign language. She hopes all of this will be less controversial in the coming years. Outside of her Deaf education and professional work, she gives inspirational and motivational workshops and is involved in music. A few years ago, Summer was a co-speaker in a workshop at the national EHDI conference.

Bob Vizzini, Advocate

Reviews:

<http://ascli.blogspot.com/2008/06/summers-story-film-about-life-of-asl-ci.html>

http://www.aslaccess.org/videoreview_summersstory.htm

http://www.gallaudet.edu/clerc_center/information_and_resources/cochlear_implant_education_center/resources/additional_resources.html

\$25-DVD sold at www.harriscomm.com/catalog/product_info.php?products_id=19353 or

<http://deafresources.com/proddetail.php?prod=DVD218>

Comparison of Iowa's 2008 and 2009 CDC EHDI Hearing Screening and Follow-up Survey

Every year, the EHDI program completes and submits data for the CDC Hearing Screening and Follow-up Survey. An analysis was recently completed and presented to the EHDI Advisory Committee that compared the data that was submitted to the CDC for 2008 and 2009. Although aggregate data, the survey shows how every state is doing in meeting the 1-3-6 goals, reducing the number of infants lost to follow up or documentation, and estimate the number of infants being diagnosed with a permanent hearing loss. When comparing the data submitted in Iowa's 2008 and 2009 CDC EHDI surveys, we have shown great improvements in many areas.

Hearing Screening Data

As shown in the table below, the percentage of infants screened has increased slightly in 2009 compared to 2008 (98%, 39880/40500 in 2008 and 99%, 39133/39670 in 2009). The percentage of infants not screened has decreased slightly in 2009 over 2008 (1.3% and 1.5% respectively). In 2009, of the 161 infants who were missed or unknown, only 11 were NICU infants, indicating most NICU infants are screened at birth.

The percentage of infants receiving a hearing screen has increased, with most infants being screened within 1 month of age. This shows we are doing great at getting infants screened by 1 month of age aligning with the 1-3-6 goals. This is shown in that a larger percent of 2009 infants were screened within 30 days and fewer screened at older aged compared to 2008 infants.

| | 2008 | 2009 | 2008 % | 2009 % |
|--|-------|-------|--------|--------|
| Total Occurrent Births | 40500 | 39670 | | |
| Total Occurrent Births reported by Vital Records | 40282 | 39640 | | |
| Hearing Screening | | | | |
| Total Documented as Screened | 39880 | 39133 | 98% | 99% |
| Total Documented as Not Screened | 620 | 537 | 1.5% | 1.3% |
| Passed (final screen) | | | | |
| Total Pass | 38774 | 38281 | 97% | 98% |
| Pass < = 30 days of age | 37099 | 37690 | 96% | 98% |
| Pass > and < = 90 days of age | 833 | 445 | 2% | 1% |
| Pass > 90 days of age | 842 | 73 | 2% | 0% |
| Not Passed (final screen) | | | | |
| Total Not Pass | 1106 | 852 | 3% | 2% |
| Pass ≤ 30 days of age | 914 | 816 | 83% | 96% |
| Pass > 30 and ≤ 90 days of age | 86 | 21 | 8% | 2% |
| Pass > 90 days of age | 87 | 15 | 8% | 2% |

Comparison of Iowa's 2008 and 2009 CDC EHDI Hearing Screening and Follow-up Survey

continued from page 4

In 2009, there was an additional data item showing the number of infants who did not receive a rescreen in states with a 2-stage screening process. In 2009, 408/852 (48%) of infants who did not pass their birth screen did not get back in for a rescreen. Using current data, this number is 72% (537/742) for 2008 infants.

Diagnostic Data

The percentage of infants receiving a diagnostic evaluation has increased slightly from 29 percent (318/1106) in 2008 to 30 percent (253/852) in 2009. When looking at timeliness, more infants received an assessment within 3 months in 2009 than 2008 (59%, 150/253 and 56%, 177/318 respectively). These are shown in the table below.

| | 2008 | 2009 | 2008 % | 2009 % |
|--|------|------|--------|--------|
| Normal Hearing (No Documented Hearing Loss) | | | | |
| Total Normal Hearing | 234 | 188 | 21% | 22% |
| Normal Hearing < = 90 days of age | 133 | 112 | 57% | 60% |
| Normal Hearing > 90 and < = 180 days of age | 50 | 33 | 21% | 18% |
| Normal Hearing > 180 days of age | 50 | 43 | 21% | 23% |
| Documented Permanent Identified (ID) Hearing Loss | | | | |
| Total Hearing Loss | 84 | 65 | 8% | 8% |
| Pass < = 30 days of age | 44 | 38 | 52% | 58% |
| HL ID > 90 and < = 180 days of age | 25 | 11 | 30% | 17% |
| HL ID > 180 days of age | 15 | 16 | 18% | 25% |

Among those who had no diagnosis, due to a clarification in the definitions, the 8 percent awaiting diagnosis in 2008 were grouped in the unknown category in 2009. In order to be considered as in process, an infant has to have an appointment already scheduled. Although appointment dates can be added in eSP, this feature is not used regularly. As more providers report appointment dates, this data item will improve. In the first data file submitted for a separate grant through the CDC (iEHDI) for 2010 births, we were able to report 15 infants as awaiting diagnosis.

continued on page 6

Comparison of Iowa's 2008 and 2009 CDC EHDI Hearing Screening and Follow-up Survey

continued from page 5

Of the infants who either missed or passed their birth screen, there were fewer infants diagnosed with a loss in 2009 than in 2008 (10 and 75, respectively). This decrease may be due to better reporting of transient conductive hearing loss in recent years instead of an actual decrease in the number of infants diagnosed. There has been an improvement in the timeliness of receiving an assessment: 11 percent (8/75) infants received their diagnostic assessment by 6 months of age in 2008 which increased to 20 percent (2/10) in 2009.

In 2009, there was an additional data item showing the number of infants identified to have transient hearing loss. The 152 infants with transient hearing loss are categorized in the total normal hearing. The assumption was made that children without a diagnosed conductive hearing loss were non-permanent cases as we have no documented indication it was a permanent hearing loss; however, this is not confirmed through audiological results. Many times, these children were referred for medical management of fluid or ear infections but did not get back in to rule out a hearing loss.

continued on page 7

Funding Announcement

The Iowa Department of Public Health, Early Hearing Detection and Intervention (EHDI) program is pleased to announce the Hearing Aids and Audiological Services funding was made available for another year beginning July 1, 2011. The appropriation, \$163,760.00, was made possible by the Legislature during the last legislative session. Claims will be accepted for services July 1, 2011 through June 1, 2012 or until the funds run out. If you know of a child in need of hearing aids or audiological services, please have the family contact Provider Claim Systems at (800) 547-6789 for an application or click on the link under Funding Announcement entitled Application on the EHDI website, www.idph.state.ia.us/iaehdi/default.asp, and parent or professionals pages. There you will also find a frequently asked questions sheet which includes information about eligibility and services provided.

Completed applications can be faxed or mailed to Provider Claim Systems as follows:

Provider Claim Systems
P.O. Box 1608
Mason City, IA 50402-1608
Phone: (800) 547-6789 – toll free
Fax: (641) 422-2713

Comparison of Iowa's 2008 and 2009 CDC EHDI Hearing Screening and Follow-up Survey

continued from page 6

Intervention Data

Early ACCESS referrals for infants diagnosed with hearing loss that were reported to the EHDI program have increased in 2009 compared to 2008, from 55 percent to 89 percent, as shown in the table below. Enrollment numbers among infants with hearing loss show that there are slightly more infants being enrolled that are reported to the EHDI Program from 2008 to 2009. This could be due to the additional follow up being done by the EHDI program with the audiologist of record. In 2009, although slightly more infants were enrolled by 6 months of age, fewer infants were enrolled between 6 months and 1 year of age and more infants were enrolled after one year of age. Reasons for the shift to enrollment at older ages may be due to infants being diagnosed at older ages or better reporting of infants who are diagnosed and enrolled at older ages.

| | 2008 | 2009 | 2008 % | 2009 % |
|--|------|------|--------|--------|
| Referrals to Part C Early Intervention (EI) | | | | |
| Total Referrals to Part C EI | 46 | 58 | 55% | 89% |
| Total Not Referred to Part C EI and Unknown | 38 | 7 | | |
| Enrolled in Part C Early Intervention (EI) | | | | |
| Total Enrolled in Part C EI | 46 | 44 | 55% | 68% |
| Enrolled in Part C EI < 180 days of age | 29 | 29 | 63% | 66% |
| Enrolled in Part C EI < 180 and ≤ 365 days of age | 14 | 6 | 30% | 14% |
| | 2 | 0 | 4% | 0% |

Among the infants who were shown to not be receiving services, it seems there is better reporting of EA referral and enrollment outcomes due to the increase in documented EA refusals and families moving out of the state. It also appears that we are having more success at getting in contact with families, as the unresponsive, unable to contact and unknown field is down from 89 percent in 2008 to 33 percent in 2009. In 2009, there was an additional data item showing the number of infants enrolled in EA among those who missed or passed their birth screen and were later diagnosed with a permanent hearing loss. In 2009, 60 percent (6/10) of infants were enrolled in EA. As EA reporting continues to improve, these numbers should hopefully improve as well.

continued on page 8

Comparison of Iowa's 2008 and 2009 CDC EHDI Hearing Screening and Follow-up Survey

continued from page 7

One strategy to increase the EA referrals is to continue to educate Iowa providers that referrals can be made to EA at the time hearing loss is diagnosed since all infants with diagnosed hearing loss automatically qualify for EA services, regardless of severity or laterality of the loss.

If you are interested in seeing the analysis in it's entirety, it will be available on the EHDI website under the meeting minutes for the July 7, 2011 advisory committee meeting: www.idph.state.ia.us/iaehdi/advisory_committee.asp. If you have any questions, please contact Tammy O'Hollearn at tammy.ohollearn@idph.iowa.gov or (515) 242-5639.

By Jen Thorud, EHDI Program Evaluator

Iowa Lions Hearing Aid Bank 2011 New Coordinator for Iowa Lions Hearing Aid Bank

On June 1st, the Iowa Lions Hearing Aid Bank will have a new Coordinator: Chris Waring of Jesup, Iowa. Long-time Coordinator Rhoda Bender, Marshalltown, is retiring - a second time! She took this position following her retirement from teaching school. Our thanks go to Rhoda for her 21 years as Coordinator on behalf of those who can't easily afford hearing aids. Welcome, Chris!

The Iowa Lions Club Foundation established the Hearing Aid Bank in 1982 for the purpose of recycling used hearing aids for individuals with financial need. The program is a joint venture by the Iowa Lions Foundation and the Iowa Association of Hearing Health Professionals. Used hearing aids are donated to the Hearing Aid Bank by private citizens, who may claim a tax deduction in kind with appropriate documentation. The Hearing Aid Bank evaluates each aid. If it can be used again, it is made available to a hearing aid dispenser to fit it to a qualifying patient. If the aid is not in good enough condition for re-use, parts may be recycled for further use.

You may donate a used hearing aid to you local Lions/Lioness Club - check your phone book or online (or call 2-1-1) if you don't know a local group. To apply for fitting with a used hearing aid, you may also contact a local club, or contact one of these state offices to start the application process:

Lions Club of Iowa State Office
www.iowalions.org
2300 South Duff, Ames IA 50010
515-232-2215

Iowa Association of Hearing Health Professionals
<http://iowahearingassociation.org>
1001 Office Park Rd, #105, West Des Moines, IA
50265
515-440-6057

Communication Ground Rules

Communication Ground Rules outlines basic rules to follow when you are in meetings held with persons who are deaf or hard of hearing. The rules ensure everyone is able to fully participate in conversations so that communication is accessible for all.



- Raise your hand and wait to be called on before sharing. If you're in a teleconference situation, identify yourself by name (this is Mary...) before you begin, and each time you speak/sign.
- Don't cross-talk or side-talk when someone else is speaking or signing—this goes for talkers and signers both.
- Make eye contact directly with others and avoid things that block a good view to your face.
- By all means, if you know how to sign, feel free to sign for yourself when speaking to a Deaf person or are around a Deaf person--even if they aren't a part of the conversation. Rely on interpreters if you aren't sign-fluent or voicing for yourself, and in any case, make sure the interpreter knows if s/he is needed before you begin.
- Look at and communicate directly to one another; both Deaf and hearing people should avoid looking at the interpreter when signing or speaking to each other.
- Allow for lag time for people using an interpreter. Interpreters typically finish signing several seconds after the speaker stops talking. A good rule of thumb is to wait until the interpreter has stopped signing before speaking allowing all participants equal opportunity to join the discussion.
- Remember to give the interpreter a break. Discuss this ahead of time with the interpreter to make sure this is factored into the presentation/meeting.
- Don't assume that sign language interpreters are appropriate for all individuals who are deaf or hard of hearing. Real time captioning should be offered and used whenever appropriate.

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A Personal Interview with Summer Crider

In the original “Summer’s Story” video, it ends before Summer begins her college years at Gallaudet University, where almost all the undergraduates are deaf or hard of hearing. Sign language is the main means of communication in the classroom and on campus. Upon receiving her bachelor’s degree, Summer was employed as a university student recruiter for a year. She then decided to continue her graduate studies at Gallaudet, specializing in Deaf Cultural Studies. Currently she teaches high school at the Texas School for the Deaf. Without question, that period of six, seven or eight years brought Summer into



a new world with new challenges that lead to additional personal insights. I was curious and wanted to hear more about Summer’s most recent experiences, so I contacted her for an interview. You will see my questions or comments below in black and Summer’s responses in burgundy.

Gallaudet is like heaven for Deaf people. It also is a cultural shock to others especially those who do not embrace ASL or do not fluently use it, as it seemed from Summer’s original video. After seeing Summer’s supplement video, and seeing her name as the producer of the College fight song on video (www.youtube.com/watch?v=hB7cXtnOcS0), I wanted to hear how she got involved in a type of deaf-music that was not sound-oriented as she had experienced most of her life.

I was able to contact Summer at Texas School for the Deaf and agree on a video-phone interview with her. Video-phoning is a more popular means of communicating between deaf people or anyone who can sign. It has quickly replaced the teletype option known as TYY or TDD. Since this signed conversation was not recorded on video I had to paraphrase the interview. I had a number of questions and decided to summarize some of our conversation and shorten the answers to some questions for this article.

Bob: *How did you come up with making “Summer’s Story” on video?*

Summer: *First, my parents were involved in the entertainment business. It was natural for them to use videos. In 1990, my mother created a video with the purpose of sharing with other parents about the “journey” where a mother had to make the difficult decision of implanting her deaf daughter. When I was 15, my mother encouraged me to make my “version” of my life experience because she believed that my story was unique, so I did.*

continued on page 11

A Personal Interview with Summer Crider

continued from page 11

Bob: *You obtained implants young but also used sign language. Imagine if the implants had helped you hear well enough that you never used sign language, do you think you would be same person you are today?*

Summer: *I wouldn't be the person I am right now if it wasn't for sign language. Sign language provided me access to a lot of things that I couldn't fully access with spoken language. Being bilingual, bimodal, and bicultural, I've become easily adaptable and this trait has helped me a lot with my education and occupation.*

Bob: If you met a parent who hopes implants would be the only thing their infant or toddler needs to communicate, would that make sense to you?

Summer: Every deaf child is different. Some of them may hear a certain degree with or without technology, but what defines a successful deaf child is one who lives in a language-rich environment-- both visual and auditory, if possible-- surrounded by supportive parents, community, and deaf role models for them to look up to and identify with.



Summer's Gallaudet portfolio photo

continued on page 12



A Sound Beginning for Your Newborn Baby

To order additional hearing screening brochures in English or Spanish, please call the Healthy Families Line at 1-800-369-2229. Ask for publication IDPH 131 (English) or IDPH 131(S) (Spanish). The brochure is available free of charge!

Healthy Families Line: 1-800-369-2229

Phones are answered 24 hours a day, seven days a week

A Personal Interview with Summer Crider

continued from page 11

Bob: *I was touched watching your life story. You have a lot of talent and a good future ahead. You relate to people in both worlds being fluently bilingual. Not many deaf or hard of hearing people have the same success you had. What do you think helped bring you where you are now?*

Summer: *I do feel fortunate because of my parents and what they did. They put a lot of effort in relating to me, communicating to me and finding ways of improving all areas of my development: education, language, speech, hearing, and sign language. They connected with people who became supportive and had connections with the deaf community. Other deaf children may not have had the same privileges I had.*

Bob: *Going off-point from your DVD, when I saw that you directed the Gallaudet Fight Song on video, it showed another side of you. This kind of music was not the kind you grew up with because it is not an audio-musical song (or written lyric song but mainly a sign visual and drum rhythm supplemented song). I am curious how you made this transition and got involved in this kind of music?*

Summer: *(Smiling) There was really no transition. I would say since I was three years old I was interested in loud beats. When I grew up, I no longer appreciated musical sounds but the music's beats meant more to me. Remember I am a visual person, so when I began seeing more and more deaf music-- that is visual based and may come with strong beats, it grew in me.*

Bob: *I was impressed with your videos and was glad you made a supplement video. There was a link to get more information and purchase this DVD at: www.summersstory.com, but it I was not able to access this site. Why?*

Summer: *I added the supplement video to clarify that the motive behind my original film was not to "advertise" the cochlear implant as a tool for success, rather that it was the access to the Deaf community and sign language that supported the person I had become. I noticed that almost all videos have framed deaf people as either victims of controversy or portray CI as a miracle, and I believe that there are many deaf children who have unique stories to share. I decided to temporarily discontinue my website so others can tell their story.*

I noticed that almost all videos have framed deaf people as either victims of controversy or portray CI as a miracle, and I believe that there are many deaf children who have unique stories to share

-- Summer

On the last answer, Summer indicated her DVD is still available through several online stores. She felt it was time for others to tell their story and said her story may not achieve the goal as much as she hoped it would. I would disagree with her. I highly recommend her DVD video for parents who have a deaf or hard of hearing infant or child. It could inspire them to make the right choices. Anyone who associated with cochlear implants with perfect or almost perfect hearing, and fluent speech may be taken aback in the realities Summer gave.

continued on page 13

A Personal Interview with Summer Crider

continued from page 12

She stated that there has been two opposite points of view that parents need to be aware of that exist. One is that speech and hearing bring success and would work for all deaf children if trained perseveringly. This includes early cochlear implants and the assumption that these tools will work. Some people holding this view shelter deaf children away from people of their true "Deaf identity". The opposite side disputes that speech and hearing training should be a priority over using sign language. People with this view may become annoyed or emotional when speech and hearing is prized and sign language is viewed as being inferior. I believe Summer's story brings a good balance between these opposite positions without threatening one side. She longs for this to happen. She may not be aware that her story is leading others in making their story with similar joy, hope, language acquisition and career potential.

By Bob Vizzini, ASL Lecturer

Switched at Birth ...A Parent's Perspective

The new summer TV series "Switched at Birth" is a rather unique teen show based on a deaf and a hearing 17 year old girl that were switched at birth and raised in totally different environments than what they were born into. One family is an upscale family whose daughter doesn't lack any physical items at her disposal, and the other family is a single-parent-based family where resources are scarce.

I began watching the show after my 17 year old daughter encouraged me to watch with her. The first episode that I watched was two teenage girls arguing over boys and figured this was a teen flick. I thought I would continue to watch a few episodes and see if the plot changed and how the show was going to integrate the deaf and the hearing world.

Daphne, the girl that was raised by the single parent, is deaf, and she was in cooking class and didn't hear the buzzer on a timer that let her know her cooking was finished. Well, needless to say, this led to quite a bit of staring and talking behind her back that she was trying to burn down the school. She was in the classroom without an interpreter and still after this episode she was determined not to use one. The school said for safety reasons she needed one. After a bit of discussion she used an interpreter but told the interpreter she will tell him when she needs him to interpret. She came out of a very difficult situation very strong and independent. Something we want of all our children to learn from what life throws at them, and be their own advocate.

This is a series of television episodes, so I don't recommend just watching one. It's hard to truly understand all the nuances of the show by viewing just one episode. It would be too easy to take conversations out of context and not truly understand the whole message. I am taking my own advice on this television series and will continue to watch "Switched at Birth."

By Arlys Jorgensen, Parent

Sign Language Interpreters and IEP Meetings

The Iowa Board of Professional Licensure licenses all sign language interpreters and transliterators in Iowa, including those who work in school settings. Iowa Code 154E.1 provides the following definitions:

- “*Interpreting*” means facilitating communication between individuals who communicate via American sign language and individuals who communicate via spoken English
- “*Transliterating*” means facilitating communication between individuals who communicate via a manual form of English and individuals who communicate via spoken English.

A person who facilitates communication among deaf, hard-of-hearing and hearing individuals is considered an interpreter, regardless of the job title. A sign language interpreter is considered a ‘related service’ provider who has knowledge or special expertise of the child and therefore a member of the Individualized Education Program (IEP) team. The IEP team is responsible for developing, reviewing or revising the IEP of a child with a disability. The IEP team members are described in the Iowa Administrative Code of Special Education:

281—41.321(256B,34CFR300) IEP team.

41.321(1) General. The public agency must ensure that the IEP team for each child with a disability includes the following:

- a. The parents of the child;
- b. At least one regular education teacher of the child if the child is, or may be, participating in the regular education environment;
- c. At least one special education teacher of the child or, where appropriate, at least one special education provider of the child;
- d. A representative of the public agency who:
 - (1) Is qualified to provide, or supervise the provision of, specially designed instruction to meet the unique needs of children with disabilities;
 - (2) Is knowledgeable about the general education curriculum; and
 - (3) Is knowledgeable about the availability of resources of the public agency.
- e. An individual who can interpret the instructional implications of evaluation results, who may be a member of the team described in 41.321(1)“b” to “f”;
- f. At the discretion of the parent or the agency, other individuals who have knowledge or special expertise regarding the child, including related services personnel as appropriate; and
- g. Whenever appropriate, the child with a disability.

The interpreter is the one professional who sees the deaf or hard-of-hearing child throughout the school day and in varied settings and can provide that knowledge during the IEP meeting as a member of the team. If, for some reason, the interpreter cannot attend, he/she can submit, prior

continued on page 15

Sign Language Interpreters and IEP Meetings

continued from page 14

to the meeting, written input regarding the development of the IEP. When it is appropriate for a child to attend an IEP meeting, an interpreter must be at the meeting. It is not appropriate for the interpreter to have two roles at the IEP meeting. The interpreter should either have a role as a member of the IEP team and attend as a participant, or have the role of interpreter during the meeting and provide written input prior to the meeting. It is a conflict for an interpreter to do both roles simultaneously. It may be necessary to contract with another interpreter to interpret the meeting.

The interpreter is aptly suited to convey information such as opportunities for the child to communicate directly with peers, with staff, and how the student conveys understanding of information being taught in class. "The educational interpreter serves an important role on the IEP team with regard to language and communication. Educational interpreters should participate in the development of goals and objectives related to language, communication, and interpreting services. Educational interpreters require access to information and student files regarding special instructional needs in order to effectively provide interpreting services that match the student's communication and cognitive abilities. Educational interpreters will assist in implementing goals on the IEP by focusing on communication, language, and interpreting services." (Iowa Guidelines for Educational Sign Language Interpreters/Transliterators, July 2009, Iowa Department of Education.)

For additional resources see the Iowa Department of Education web page for Audiology, Deaf & Hard-of-Hearing Education at http://educateiowa.gov/index.php?option=com_content&task=view&id=584&Itemid=1608.

Current documents regarding Educational Interpreters that provide guidance for AEA and LEA administrators; IEP teams, including parents and educational interpreters, include:

- Iowa Guidelines for Educational Sign Language Interpreters/Transliterators
- Sign Language Interpreter Licensure Information May 2011
- Hiring Sign Language Interpreters May 2011
- Substitute Sign Language Interpreters in K-12 Settings May 2011
- Sign Language Interpreter Evaluation Rubric K-12
- Speech-to-Text Services
- Sign Language Interpreter FAQs May 2011

By Marsha Gunderson, Iowa Department of Education Consultant: Audiology, Deaf & Hard-of-Hearing Education

2011 Hands & Voices Leadership Conference

Hands & Voices held their annual Leadership Conference in Portland, Maine. Susan Hagarty, Guide By Your Side (GBYS) coordinator, attended the conference with Kathy Miller, a deaf/ hard of hearing guide and mentor in our program.

Susan and Kathy arrived early in order to participate in the GBYS pre-session workshop. Over thirty individuals gathered to share stories of their successes and struggles as they work to provide parent-to-parent support for families with deaf or hard-of-hearing children.



June 16-18, Portland Maine
Kathy Miller, GBYS D/HH Guide; Susan Hagarty, GBYS Parent Coordinator; and Vicki Hunting, EHDl Program Director

Since taking the reins of the GBYS program, Susan has struggled to increase the number of referrals into the program, and to fully incorporate our deaf and hard-of-hearing guides. Both of these issues were explored during the pre-session and throughout the following days of the conference.

Kathy connected with other deaf guides and advocates around the country who described similar struggles to stay connected with the family support efforts tied into our EHDl programs nationwide. Hands & Voices International is working toward a standard guide and outline of ways that d/hoh adults can get involved.

Susan learned about the specific short and long term follow-up procedures of other states that have incorporated successful referral strategies. Research shows the value parents place on peer support. The biggest challenge lies in contacting the families at the right time, with the right information.

Over the coming months Susan and other members of the GBYS team will be involved in the review and revision of long term follow-up procedures in Iowa with particular attention being paid to the availability and accessibility of parent-to-parent support.

Child Health Specialty Clinics Regional Centers Offer Hearing Screens

Child Health Specialty Clinics (CHSC) EHDI program obtained OAE Screeners for two of their Regional Centers. Fort Dodge and Oelwein CHSC Regional Centers and started accepting referrals March 1, 2011 for outpatient hearing screens. The hearing screens will be free and available to infants who did not receive their initial birth screen or who Did Not Pass their birth screen. CHSC will serve as another resource for families in those areas beyond the hospital and Area Education Agencies.

After this initial pilot program in Fort Dodge and Oelwein is assessed, CHSC EHDI will evaluate spreading the program to other CHSC Regional Centers across the state to provide greater accessibility for hearing screens.

To learn more about the CHSC Regional Center Clinics OAE hearing screens, please contact Vicki Hunting at vicki-hunting@uiowa.edu.

Fort Dodge
Amy Pedersen, RN
Child Health Specialty Clinics
Physicians Office Building West
804 Kenyon Road, Suite L
Fort Dodge, IA 50501-4901
(515) 955-8326 phone / 515-574-5544 fax
amelia-pedersen@uiowa.edu

Oelwein
Brenda Carradus, RN
Child Health Specialty Clinics
212 8th Ave SE
Oelwein, IA 50662
319-283-4135 phone / 319-283-4140 fax
brenda-carradus@uiowa.edu

Purchasing New Screening Equipment?

If you are purchasing new screening equipment (OAE or AABR) now or you are planning for future needs, please visit the National Center for Hearing Assessment and Management website. The NCHAM recently posted a hearing screening equipment comparison chart, www.infanthearing.org/screening/equipment.html.

The EHDI team also encourages you to call one of our audiology technical assistants for information regarding the experiences of other Iowa hospitals with various screening equipment.

Emily Andrews, MA, CCC-A - Eastern half of Iowa (319) 384-6894

Nick Salmon, MS, CCC-A - Western half of Iowa (515) 576-5312

Lenore Holte, PhD, CCC-A - EHDI Lead Audiologist (319) 356-1168



DEAF IOWANS AGAINST ABUSE CSD OF IOWA FUNDRAISER

DIAA VOLUNTEERS WILL BE FEATURED "BOWL RUNNERS" AND
PROGRAM DIRECTOR JENNIFER UPAH WILL BE THE "GRILL MASTER."

WHAT: FUNDRAISER WITH 15% OF FOOD SALES GOING TO
DEAF IOWANS AGAINST ABUSE

WHEN: WEDNESDAY, NOVEMBER 16TH 2011

TIME: 5PM-8PM DINE IN OR TAKE OUT

WHERE: BANG BANG MONGOLIAN GRILL
6240 MILLS CIVIC PARKWAY, WEST DES MOINES, IOWA

FOR MORE INFORMATION CONTACT:
JENNIFER UPAH AT JUPAH@CSD.ORG OR MINDY PFAB AT BCMINDY@HOTMAIL.COM

CHECK OUT OUR FACEBOOK PAGE: DEAF IOWANS AGAINST ABUSE

Infant Hearing Screening Equipment Loaner Program

Are you having problems with your hearing screening equipment? The Iowa EHDI program has a limited number of loaner screening OAE units available for hospitals to use while their screening equipment is being repaired.

There is no charge for borrowing the equipment.

For information about loaner units, please contact:

Hearing Equipment Coordinator –
(800) 272-7713

Lenore Holte - (319) 356-1168

Emily Andrews - (319) 384-6894

Nick Salmon - (515) 576-5312

Your single point of contact to assist families in connecting with Early ACCESS and community-based services that address specialized child and family needs

1-888-IAKIDS1 or
1-888-425-4371

www.EarlyACCESSIowa.org

Contact Information

State EHDI Coordinator

Tammy O'Hollearn
Iowa Department of Public Health
(515) 242-5639
tammy.ohollearn@idph.iowa.gov

EHDI Follow-Up Coordinator

Vicki Hunting
Child Health Specialty Clinics
(515) 331-0750
vicki-hunting@uiowa.edu

Family Support Coordinator

Susan Hagarty
Child Health Specialty Clinics
(866) 219-9119
susan-hagarty@uiowa.edu

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**Requests?
Feedback?
Comments?
Suggestions?**

We welcome your questions, comments and suggestions about this newsletter. Please forward any feedback about Iowa EHDI News to:

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Additional copies of Iowa EHDI News are available by contacting Tammy O'Hollearn.