

Pathway to Services for Infants and Toddlers Who Are Deaf or Hard of Hearing (DHH) Early Supports for Infants and Toddlers (ESIT) Practice Guide

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Washington State Department of
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Purpose

The purpose of this practice guide is to:

- Describe the role of Deaf/Hard of Hearing (DHH) specialists in Early Support for Infants and Toddlers (ESIT) services.
- Share information on communication modalities and opportunities and the importance of teaming with DHH specialists.
- Explain pathways to expedite the start of DHH-related services for infants and toddlers enrolling in the ESIT program.

Importance of Expedited Enrollment in DHH-Related Services

Early enrollment in ESIT DHH-related services is important to support healthy communication, cognitive and social-emotional development for children identified as DHH. The Washington Department of Health Early Hearing Detection, Diagnosis and Intervention Program (EHDDI) strongly recommends that infants identified as DHH be enrolled in early intervention by 6 months of age. For ESIT service providers, this means it is critical to connect these families with DHH services within this same timeframe, and preferably prior to the initial IFSP development.

Communication Modalities and Opportunities

Communication modalities and opportunities are the ways a family communicates with their child, so that the child has full access to social interactions and the world around them. There are many ways DHH individuals communicate and what works for one child and family may not work for another. The family decision regarding communication opportunities requires time and thoughtful consideration. Families need to have the opportunity to explore different modalities and they may change their minds over time. Early childhood communication opportunities in Washington (WA) State include:

1. **Bilingual American Sign Language (ASL) and English**

ASL is a full, visual language which children may learn as their first language. Then they learn to read and write, and possibly speak, English or their family's primary language. This is sometimes referred to as the "bilingual-bimodal" approach.

2. **Cued Speech**

Cued speech uses special hand shapes as "cues" around the face when speaking, to help children perceive speech sounds and distinguish between words that can sound or look the same.

3. **Listening and Spoken Language (LSL)**

Listening and Spoken Language is a listening first approach that teaches families evidence-based strategies to help their children understand and speak the language of their family and community. With early and consistent use of hearing technology such as hearing aids, bone conduction sound processors, and cochlear implants, LSL professionals help families make the best use of these devices so that their children learn to talk.

4. **Total Communication**

Total Communication includes a combination of auditory and visual communication that is presented simultaneously, including talking, signing, facial expression, and gestures. Some of the skills taught might include Conceptually Accurate Signed English (CASE), Signing Exact English (SEE), Finger Spelling,

Listening, Manually Coded English (MCE), Natural Gestures, Speech (Lip) Reading, Spoken Speech, including early and consistent use of hearing technology as recommended by an audiologist.

The DHH specialist will share information with families about all these opportunities. It is important that parents receive accurate, complete information regarding communication opportunities, regardless of a service provider's personal or professional opinions about which choice they think is best for the family. When parents have knowledge and support, they can make informed decisions for their child.

Children's language, social-emotional, sensory, and cognitive skills development should be carefully tracked so families can make any needed changes to communication strategies while the child is young. See the [Modalities and Opportunities Resources](#) section of this document for links to more information.

Regardless of which communication opportunities a child and family use, it is important to remember the child's brain is looking for meaningful patterns of language to acquire for communication regardless of if the language is signed, spoken or both. ESIT services should support parents, family members, and caregivers to become capable and confident as the child's primary language models.

Technology

Some families choose to use hearing technology such as hearing aids, cochlear implants, DM/FM systems and bone conduction sound processors to help their child have access to sound. Pediatric audiologists may recommend these devices based on a child's unique needs. Other technology a family might choose to use include visual or vibrating alerting devices and closed captioning. DHH specialists may work with the family on weighing technology options and the details of device care, maintenance, and use.

DHH Specialists

"DHH specialist" is a general term used to describe professionals who specialize in providing support to children identified as DHH. DHH specialists represent a number of different disciplines and work both within and outside the ESIT system.

ESIT DHH Specialists

DHH specialists serve as Individualized Family Service Plan (IFSP) team members and provide important services to families. Strategies are individualized for the child's needs and evolve along with family skills and understanding. Some possible strategies include:

- Partnering with parents to track communication development and reduce barriers, such as limited access to fluent language models or inconsistent use of hearing technology.
- Coaching parents on how to understand and share information regarding their child's communication and language development.
- Supporting parents' understanding of their child's hearing levels, audiology reports, and use of hearing technology.
- Assessment and coaching of social-emotional development in relation to language access.

ESIT recognizes four types of service providers as qualified to provide DHH-related services. While individual agencies employing DHH specialists may assign agency-specific job titles (such as Birth to Three Specialist, Communication Coach, Early Language Coach, Family Engagement Specialist, etc.), only service providers who meet the qualifications of the four service provider types listed below are considered qualified to provide DHH-related services through ESIT.

Additionally, there are six Part C services which a DHH specialist might be listed as providing on an IFSP, depending on the specialist's skills and qualifications, and the unique needs of the child and family. Those are Special Instruction; Family Training, Counseling and Home Visits; Assistive Technology; Signed Language or Cued Language; Speech Language Pathology; and Audiology.

Teachers of the Deaf/Hard of Hearing (TODs)

TODs are certified teachers with an additional endorsement in deaf education from the WA Office of Superintendent of Public Instruction (OSPI). A TOD may be listed on the IFSP as providing Special Instruction; Signed Language or Cued Language; Assistive Technology; or Family Training, Counseling and Home Visits, depending on which services they actually provide to particular family.

Paraeducators

Paraeducators provide Special Instruction under the supervision of a certified TOD. A paraeducator may be listed on the IFSP as providing Special Instruction; Signed Language or Cued Language; Assistive Technology; or Family Training, Counseling and Home Visits, depending on which services they actually provide to particular family.

Pediatric Audiologists

Audiologists have a master's or doctorate degree in Audiology and are licensed by the WA Department of Health. Audiologists may be listed on the IFSP as providing either Audiology; Signed Language or Cued Language; Assistive Technology; or Family Training, Counseling and Home Visits, depending on which services they actually provide to a particular family.

Speech Language Pathologists (SLPs) trained in DHH

DHH specialist SLPs hold at least a master's degree in Speech Language Pathology, are licensed by the Washington Department of Health, *and have additional training in providing services to children who are DHH.* SLPs may be listed on the IFSP as providing Speech Language Pathology; Signed Language or Cued Language; Assistive Technology; or Family Training, Counseling and Home Visits, depending on which services they actually provide to a particular family.

See the [ESIT Qualified Personnel Guidelines](#) for more information on ESIT service provider types, required qualifications, and types of services.

Other DHH Professionals

Otolaryngologist or Ear, Nose, & Throat (ENT) Physicians

Otolaryngologists are medical doctors who provide consultation, diagnosis, and treatment of conditions of the ears, nose, and neck. They partner with audiologists to discover the causes of hearing differences.

Parent Guides

The WA State Hands & Voices' Guide by Your Side (GBYS) Program trains Parent Guides; parents of DHH children who volunteer to support other families with DHH children. Parent Guides can provide listening, encouragement, and unbiased support from a parent perspective.

Family Mentors

Family Mentors contract with the [Family Mentor Services](#) program at the [Office of the Deaf and Hard of Hearing \(ODHH\)](#) of the [WA Department of Social and Health Services](#). ODHH-contracted Family Mentors are DHH and Deafblind adult role-models who provide support and resources to families of DHH children in their family environments. ODHH-contracted [Regional Service Centers](#) provide advocacy and resources to deaf parents of hearing children. This is not a service that ESIT DHH specialists provide.

Pathways to ESIT Services

Referral and Initial Contact

Gather information from referral sources and parents about any hearing or speech concerns, prior audiology evaluations and assessments, medical records, and medical or developmental diagnoses.

If the child is not already identified as DHH, information gathered may be used to complete Prong 1 of the Three-Pronged Approach (TPA) protocol for screening vision and hearing. See the ESIT [Practice Guidance](#) and [Professional Development](#) pages for more information on the Three-Pronged Approach.

ESIT Eligibility Determination

A diagnosis of DHH (sensorineural or conductive) or deafblindness automatically qualifies a child for enrollment in ESIT, without a need for a norm-referenced eligibility evaluation and may be indicated by a specific medical condition which is likely to affect hearing levels. See the [ESIT Qualifying Diagnosis List](#) for a list of all diagnoses which confer automatic eligibility. If the child has a DHH-related qualifying diagnosis, the Family Resources Coordinator (FRC) should immediately seek parent consent to arrange for a DHH specialist to join the team and participate in all pre-IFSP team activities.

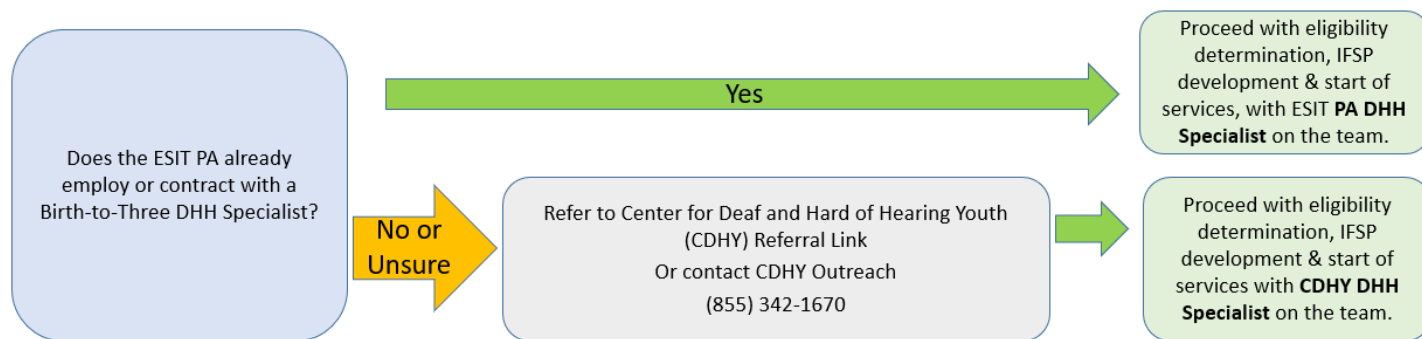
If a child does not have a qualifying diagnosis, ESIT eligibility will be determined using either norm-referenced developmental evaluation or Informed Clinical Opinion. See the [ESIT Evaluation, Assessment, Eligibility and the Initial IFSP Practice Guide](#) for more information on these pathways.

IFSP Team Formation

When enrolling a child who has been identified *or is suspected* of being DHH, the FRC should immediately seek parent consent to invite a DHH specialist to participate in all pre-IFSP development activities. The DHH specialist should be considered a full IFSP team member and included in all pre-IFSP communication, scheduling, evaluation, and assessment.

If the ESIT Provider Agency (PA) does not employ or contract with a birth-to-three DHH specialist, the FRC will contact the [WA Center for Deaf & Hard of Hearing Youth \(CDHY\) Referral Link](#) to access a DHH specialist to work with the child and family. See the graphic below for a depiction of this process.

Inviting a DHH Specialist to the Team



Assessment

The DHH specialist should participate in the initial child functional assessment. DHH specialists are trained to assess the child in several domains which may include language acquisition (signed and/or spoken) and communication, cognitive, and social-emotional development related to language access. The purpose of these assessments is to learn more about the child’s strengths and needs, and to aid in planning ESIT services.

Children who *have not* been identified as DHH, should have their hearing status addressed during the ESIT eligibility determination and assessment process. A recommended tool to address hearing risk factors during the Assessment process is the Three-Pronged Approach (TPA) protocol for screening vision and hearing in infants and toddlers.

Initial IFSP

The DHH specialist brings specialized knowledge and skills to the IFSP process, fostering a more complete understanding of the child’s needs, and is crucial in all aspects of initiating and scheduling IFSP team meetings and communication. The DHH specialist should be included in all the communication with the pre-IFSP team to ensure inclusion in the development of the initial IFSP, including participation in the IFSP meeting.

Service Delivery Examples

Families, ESIT Provider Agencies, and DHH specialists partner in a variety of service delivery arrangements. Below are *a few examples* of acceptable arrangements, depending on the unique needs of the family.

1. A family with a baby who has severe-to-profound hearing levels is exploring different communication modalities. They want to learn sign language as well as how to support their baby’s auditory and speech development. The family works with two DHH specialists: a paraeducator to learn American Sign Language and about Deaf Culture and a speech language pathologist, trained in Listening and Spoken Language, to learn auditory-oral development strategies.
2. A family participates in weekly virtual sessions with a physical therapist. The family also works with a TOD in-person once a month. During one of the weekly physical therapy sessions, the TOD joins the virtual physical therapy visit to consult on communication access during therapy sessions.

3. A TOD and a pediatric audiologist support a family whose toddler is hard of hearing and has cerebral palsy. The TOD visits weekly to support the family in learning about development of early language, communication, and literacy skills. The audiologist consults monthly with the family as they consider hearing aids and cochlear implants for their child.
4. A family whose child has moderate-to-severe hearing levels participates in regular home visits with a TOD. The family and TOD both have concerns the child is not seeing clearly and isn't meeting certain developmental milestones. The FRC helps the family secure an ophthalmology appointment and the ophthalmologist diagnoses the child with Cortical Visual Impairment. The TOD works with the family's FRC to make a referral to an ESIT Teacher of Children with Visual Impairments (TCVI). The FRC also invites a DeafBlind specialist from the Washington Deaf-Blind Program to join the IFSP team and consult on the unique needs of young children who are both deaf and blind.

IFSP Reviews and Annual Updates

Sometimes hearing concerns or diagnoses occur after the child is enrolled in ESIT. At any time during a child's enrollment in ESIT:

- The IFSP team may decide to hold an IFSP Review and add new Part C services to the IFSP.
- The FRC may take action to secure new DHH-related services, using the steps outlined in this document.
- The FRC should not wait for the next scheduled IFSP Review to implement changes to the IFSP.
- The family should have direct support from a DHH specialist prior to a family making decisions regarding communication modalities and opportunities.

If a DHH specialist was not involved in the initial IFSP process (due to late identification or other reasons), the FRC should obtain parent consent then immediately connect the family with a DHH specialist. The FRC can support the DHH specialist by sharing the IFSP and any current assessment, audiological, or other information, per HIPPA regulations.

Transition

The ESIT DHH specialist who has been working with the family should be involved in the transition process. Some examples of how the ESIT DHH specialist may participate include:

- Writing a summary transition report
- Participating in developing a transition plan and steps in the IFSP
- Attending the Transition Conference

A child receiving ESIT DHH-related services may be eligible for Part B DHH services at 3 years old. If a TOD or other DHH education specialist are not available from the local school district, the school district may reach out to contract with the CDHY Outreach Services team. The CDHY Outreach Team may participate in the:

- Transition Conference

- Initial Evaluation to determine Part B eligibility – evaluations may include communication, language (ASL, spoken language, auditory skills), cognitive, social-emotional development
- Development of the Individualized Education Program (IEP).

Some families may choose not to pursue Part B services and transition planning should focus on preparing them to transition to other community resources. For more information on other community resources after 3 years old see the [Transition Resources section](#) of this document.

Resources and Citations

Statewide Resources

[Early Supports for Infants and Toddlers Service Providers Website](#)

- [ESIT Practice Guidance webpage](#), Blind/Low Vision and Deaf/Hard of Hearing Resources dropdown
- [ESIT Training webpage](#)
- [ESIT Qualified Personnel Guidelines](#)

[Washington Center for Deaf & Hard of Hearing Youth \(CDHY\) Outreach Services Birth-5](#)

- [Referral Link](#)

[Washington Sensory Disabilities Services](#)

- [Washington DeafBlind Program](#)

[WA State Department of Health Early Hearing-loss, Detection, Diagnosis and Intervention \(EHDDI\)](#)

- [Early Hearing Loss Resources for Providers](#)

[WA Department of Social and Health Services](#)

- [Office of the Deaf and Hard of Hearing \(ODHH\)](#)
 - [Family Mentor Services](#)

[Washington State Hands & Voices Guide By Your Side Program](#)

Importance of Expedited Enrollment in DHH-related Services

- [Washington State Department of Health. Best Practice Guidelines in Early Intervention for Children who are Deaf or Hard of Hearing](#)
- [Joint Committee on Infant Hearing \(2007\). Year 2007 Position Statement: Principles and guidelines for early hearing detection and intervention programs. Pediatrics 120 \(4\), 898-921.](#)
- [Centers for Disease Control and Prevention. Referring Deaf or Hard of Hearing Children to Early Intervention.](#)

Modalities and Opportunities Resources

[Centers for Disease Control and Prevention Hearing Loss Homepage](#)

- [Decision Guide to Communication Choices](#)

- [Making a Plan for Your Child](#)
- [How People with Hearing Loss Learn Language](#)

Communication Modalities

- [Bilingual American Sign Language and English](#)
- [Cued Speech](#)
- [Listening and Spoken Language](#)
- [Signing Exact English \(SEE\)](#)
- [Total Communication](#)
- [Technological Devices](#)

Three-Pronged Approach Protocol for Screening Vision and Hearing

- Instructions and forms packets found under the Blind/Low Vision and Deaf/Hard of Hearing dropdown [ESIT Practice Guidance webpage](#)
- [Inservice Training Framework: Initial Training Requirements](#) (pages 3-4) found on the [ESIT In-Service Training Framework webpage](#)

Transition Resources

- [Center for Deaf and Hard of Hearing Youth Outreach Services](#)
- [DHH Pre-School Programs in WA](#)
- [IDEA Part C to Part B Transition Guidance. WA Office of Superintendent of Public Instruction \(2023\)](#)
- [WA Hands and Voices](#) Ages 3 and Up
- [Parent Checklist](#)
- [Preschool Evaluation Chart](#)

Citations

[Individuals with Disabilities Education Act Part C](#)

- Types of Early Intervention Services, [34 C.F.R. § 303.13\(b\)](#) .
- Qualified Personnel, [34 C.F.R. § 303.13\(c\)](#) .
- Content of an IFSP. Information about a child's status, [34 C.F.R. § 303.344\(a\)](#) .

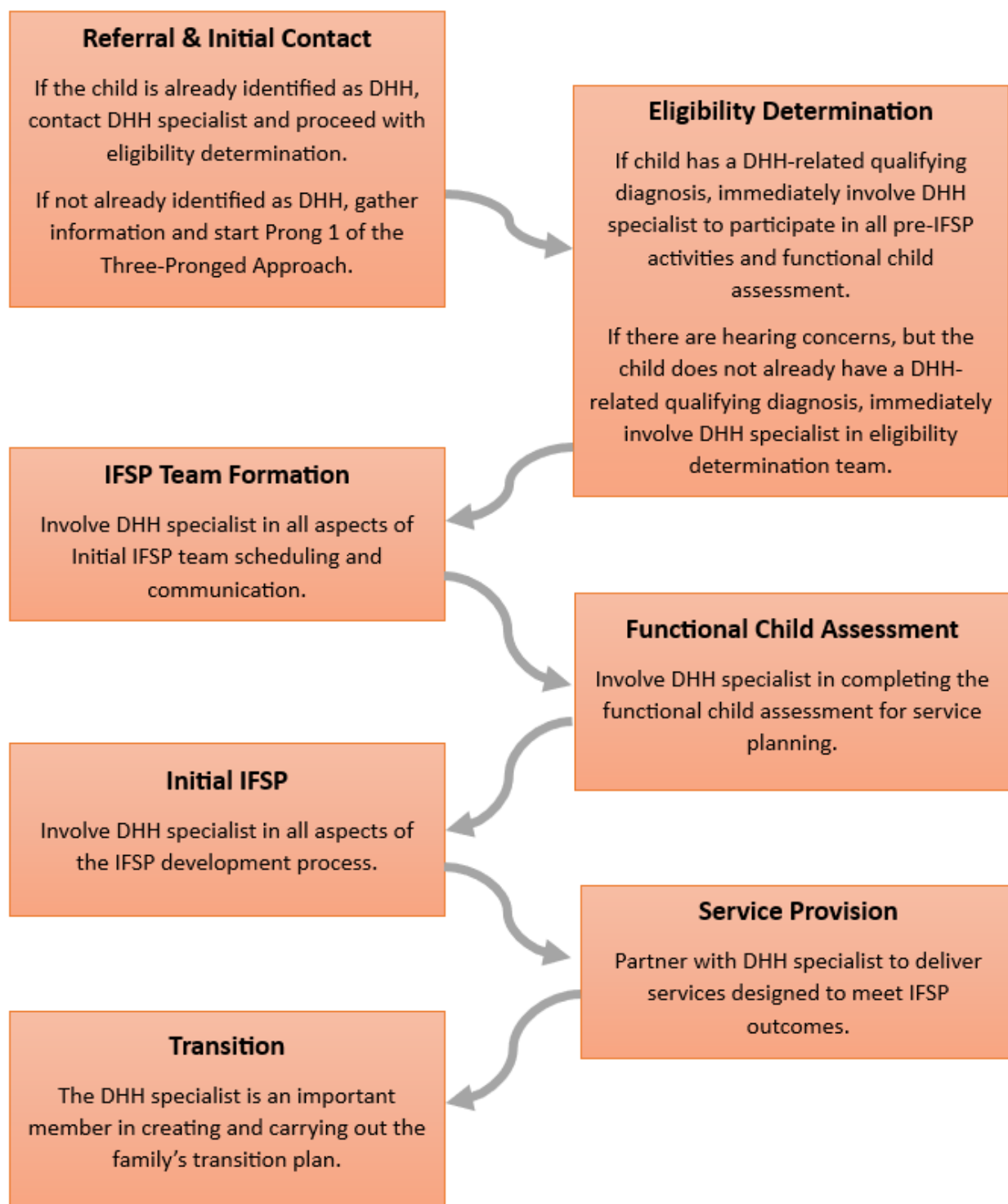
[ESIT Policies and Procedures](#)

- Early Intervention services. 2.A.12
- Types of qualified personnel. 2.A.12(1)(18)(c)(i)
- Infants and toddlers with disabilities. 2.A.23(A)(1)(b)

Washington Administrative Code

- [Early intervention services WAC 110-400-0030](#)

Appendix. When and How to Partner with DHH Specialists Across the ESIT Enrollment Continuum



Appendix. When and How to Partner with DHH Specialists Across the ESIT Enrollment Continuum- Text Version

1. Referral & Initial Contact

If the child is already identified as DHH, contact DHH specialist and proceed with eligibility determination.

If not already identified as DHH, gather information and start Prong 1 of the Three-Pronged Approach.

2. Eligibility Determination

If child has a DHH-related qualifying diagnosis, immediately involve DHH specialist to participate in all pre-IFSP activities and functional child assessment.

If there are hearing concerns, but the child does not already have a DHH-related qualifying diagnosis, immediately involve DHH specialist in eligibility determination team.

3. IFSP Team Formation

Involve DHH specialist in all aspects of Initial IFSP team scheduling and communication.

4. Functional Child Assessment

Involve DHH specialist in completing the functional child assessment for service planning.

5. Initial IFSP

Involve DHH specialist in all aspects of the IFSP development process.

6. Service Provision

Partner with DHH specialist to deliver services designed to meet IFSP outcomes.

7. Transition

The DHH specialist is an important member in creating and carrying out the family's transition plan.