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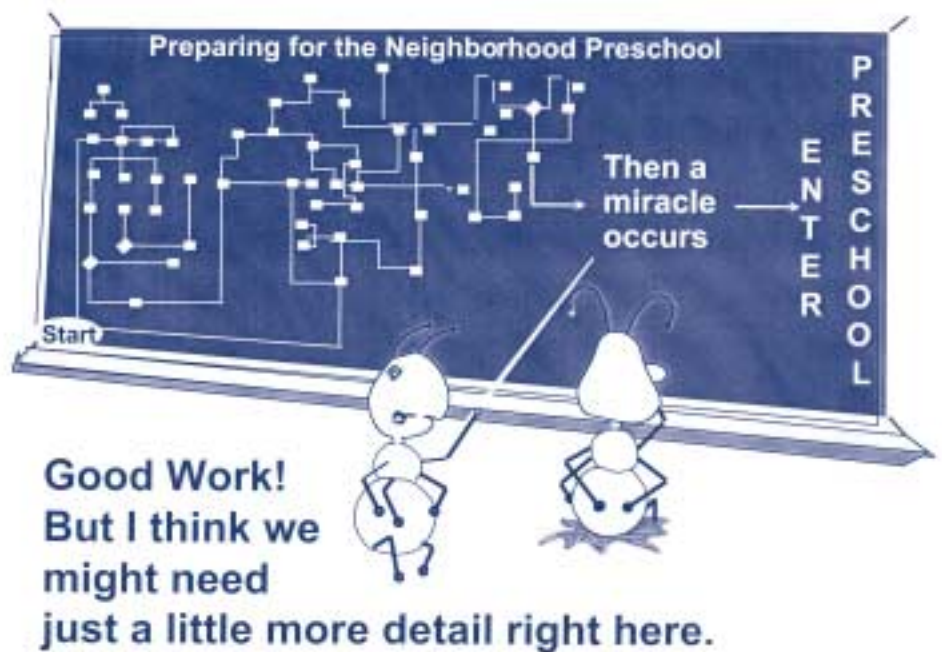


A Cochlear Implant Rehabilitation Newsletter

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Table of Contents

- Preparing Your Implanted Child for Preschool
- Choosing the Best School
- Natural Selection
- School Shopping
- Summary
- Professional References



Preparing Your Implanted Child for Preschool

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Never before have children with cochlear implants been able to achieve the goal of full inclusion into neighborhood schools so quickly. Early identification, early age at implantation, advances in technology and approaches, including Auditory-Verbal therapy and auditory-oral early intervention, make it possible for children with hearing impairments to thrive in neighborhood classrooms (Estabrooks, 2001; Nevins

and Chute, 1996). As a result, families are faced with a new challenge - finding an appropriate preschool for their child wearing a cochlear implant. After the countless hours spent in mapping sessions, audiological appointments, and various therapy sessions, families cannot expect "a miracle". However, those who tend to details as they select a neighborhood preschool for their child can expect a positive and beneficial experience.

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PREPARING FOR PRESCHOOL

Choosing the best program for you and your child

Preschool falls under a professional umbrella known as early childhood education, defined by the National Association for the Education of Young Children (NAEYC), as early childhood programs that address the developmental needs of children 0-8 years old (Goffin and Wilson, 2001). Historically these programs have served several purposes, ranging from practical to philanthropic. Early childhood programs still provide child care for working parents, and often times the motivation to create preschool programs has been linked to bridging academic gaps that were attributed to a lower socio-economic status. Society came to view preschool as “preventive medicine,” and the creation of programs such as Head Start was a noble cause by many. In addition, early childhood programs provide learning opportunities in a social setting. In agreement with NAEYC, the Australian Curriculum Studies Association (1995) states that “programs for young children should take account of the whole child and the family context in which each child is raised, seeking opportunities to complement and enrich early experiences in ways that enhance further growth and development.” Found in a variety of settings and taught by teachers with diverse backgrounds and training, neighborhood preschool classrooms can benefit children who use cochlear implants.



Current educational practices emphasize full inclusion of children with special needs into regular education settings, and families and professionals alike are committed to preparing children with hearing loss to enter neighborhood schools. Unfortunately, teachers in these regular education settings, especially early childhood settings, often lack information about, practical experiences with, and resources for children with special needs (Dinnebeil and McInerney, 2000), including those wearing cochlear implants. This, however, does not mean that a child with a cochlear implant cannot be successfully placed in a neighborhood preschool. Careful planning and teamwork remedy potential problems.

Just as early childhood educators may lack information about cochlear implants, families often lack information about preschool options. There are a variety of philosophies and approaches used in quality early childhood programs. Individual families will need to investigate available options and make informed choices in the best interest of their children. Parents of children with implants will want to be familiar with some of the common models and curricula used in preschools. These include but are not limited to Montessori, Developmental-Interaction Approach (Bank Street), Direct Instruction Model, and Piagetian Models (High-Scope).

NATURAL SELECTION

Finding Out What School is Best for You.

Maria Montessori, an Italian physician, developed a scientific approach for education. Order in the educational environment is essential, and materials are considered “auto-educative,” meaning that teacher interaction with the child is not necessary for learning to occur. Teachers are to be objective observers.

The Developmental Interaction Approach, also referred to as the Bank Street Approach, views the educational process as a dynamic exchange between the child and every facet of her environment. It emphasizes the whole-child and is “a child-centered, experienced-based, process oriented... program focused on promoting every aspect of the child’s development... (p.84).”

The Direct Instruction Model, used by Bereiter and Engelmann, holds that “children can be taught competencies more rapidly if teachers are provided with well-planned educational procedures... (p.105).” Instruction appears business-like and it is task-oriented.

Piagetian Models, in particular High-Scope, have a cognitive orientation. High Scope relies on an active process defined as “learning in which the child, by acting on objects and interacting with people, ideas, and events constructs new understanding (p.151).”

(Goffin and Wilson, 2001)



Other models include Reggio Emilia, Head Start and Co-op Preschools. Regardless of the program, the teaching staff should be familiar with developmentally appropriate practice, the driving force behind quality early childhood programs. Research conducted across many settings and with different groups of children indicates that developmentally appropriate programs promote better outcomes for children (Frede, 1995).



SCHOOL SHOPPING

What to look for in a Preschool

A family selects a preschool for their child with a cochlear implant, formal and informal resources are available, and visits to schools are essential. Local agencies can provide information about accredited programs, and the value of recommendations from trusted friends and family members cannot be denied. However, challenges will still be present for both families and teachers. Parents and/or professionals who have experience with children wearing cochlear implants will need to collaborate with the early childhood educators and periodically visit the classroom. This is described in special education as the Itinerant Model, and "...effective implementation of the itinerant

model is based on the assumption that both [parents, their professional partners and early childhood educators] have the interpersonal skills needed to work together effectively...[However,] working with others whose backgrounds are different from one's own can be a difficult task (Dinnebeil and McInerney, p. 24-25)."

With that in mind, families will want to work with a teacher who is open to new ideas, able to communicate effectively, and willing to actively listen to parents and their professional team. Dinnebeil and McInerney (2001), in their review of itinerant models in early childhood settings, note that it is also a challenge "...to find ways to

implement change in environments in which [you] do not have direct control. ...it is difficult to enter another person's turf and offer suggestions for change (p.25)." When working with teachers in a neighborhood setting, it is important to be sensitive and respectful while actively involving the teacher in any necessary changes. Families should recognize that everyone involved "...faces the critical issue of finding common time to plan and consult with one another. (p.24)" Therefore, advanced planning, organization, creativity, and a good sense of humor are all essential elements.

In their research, Dinnebeil and McInerney (2001) found three major areas of need when including students with special needs in regular classrooms:



1. Modifying the Physical Environment

2. Providing Appropriate

3. Monitoring the Child's Progress



Adults will need to work together to address these needs. Direct experience, resources, use of media, follow-up, diverse formats, and well-defined goals result in productive team meetings (King, 1995).

The team members' personal learning styles are also important. Simple questions can identify key information: "How can I reach you?" "When is the best time to reach you?" "How would you like to receive information about my child (videos, books, discussions)?" "How would you like to share information with me?"

When addressing the physical environment, classroom observation tools can help support the need for changes. Involving the classroom teacher will also improve

implementation of change. The parent or consultant may describe a situation that will create a challenge for the child with a cochlear implant and ask, "What do you think we can do?" This approach gives the teacher ownership of the solution and often leads to ideas that would otherwise go undiscovered. Practical, as opposed to technical, information is also recommended. Visiting the classroom and, whenever possible, having the teacher visit the child in her specific therapy sessions provides that teacher with direct exposure to strategies that will be shared by the family and their professional partners. Families and professionals can also offer various resources and networking opportunities that provide support and appropriate instructional strategies. Monitoring progress is essential, and communication is the key. As a team, the family, teacher, and necessary

professionals can determine an effective and efficient way to share information and feedback. This can take the form of a traveling notebook that goes with the child to school, appointments, and home. As more people use e-mail, a distribution list (including all of the team members) can also be useful. It is essential that all members of the team---teachers, family, and professionals---are aware of and comfortable with the agreed upon system. Classroom observations by therapists, therapists, and/or deaf educators will also serve as excellent sources of information.



Levels of Support/Instructional Strategies

Early inclusion into neighborhood schools and the team approach are common occurrences at Listen and Talk in Bothell, WA. After a family, in collaboration with their professional partners, selects a preschool, several things happen:

- 1 The family introduces themselves and shares their child's "bio" (often in the form of a letter written by the family or dictated by the child).
- 2 Staff members from Listen and Talk provide a technology in service, prior to school starting, and families participate as well whenever possible.
- 3 A visit to Listen and Talk is scheduled by the early childhood educator.
- 4 After the child spends 1-2 weeks in the neighborhood classroom, a classroom observation is scheduled.

Teachers are always provided with contact information for the family and professionals in case questions or concerns arise prior to a team meeting. Classroom visits occur as needed, typically 3-5 times during the school year, with parents and professionals requesting input from the teacher prior to the visit. This allows the team to determine the focus of the visit and also allows for the provision of necessary resources. Follow-up also occurs after the visit.

While the notion of enrolling in a neighborhood school may appear to be an overwhelming feat, the promise of technology may help many implanted children attain this goal. Families should be encouraged to set high expectations and know that careful planning and continued dedication on the part of teams can result in a rich educational experience for everyone involved!





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Keep in mind that, whether parents select
an Oral or Total Communication path with their
implanted child, they are motivated by the same goal:
establishing excellent communicative competence.

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