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<u>Communication Options and Opportunities</u> Exploration Process for Early Intervention Specialists from MECDHH

Early Childhood and Family Services (ECFS) is now embedded in the Child Development Services (CDS) Early Intervention (EI) process, which means:

- Every child with hearing loss or suspected hearing loss will start with ECFS as the initial Primary Service Provider (PSP) for at least 6 visits OR will have up to 6 consults to support the PSP and family.
 When another professional is Primary Service Provider, after the 6 visits, ECFS will be written on the Individual Family Service Plan (IFSP) for consult visits, twice annually or quarterly as needed.
- ☐ As an Early Intervention Team Members, ECFS professionals may:
 - Attend weekly Early Intervention Team Meetings
 - Provide support to EI team members during coaching opportunities at team meetings.
 - Review and interpret audiological evaluations.
 - Join the service coordinators at intake visits.
 - Participate in multi-disciplinary team evaluations.
 - Complete Routine Based Interviews (RBI).
 - Attend IFSP meetings.
 - Serve as Primary Service Provider, Consultant, or complete joint visits with PSP.
 - Request joint visits with professionals for a further detailed look at communication opportunities, or support with other areas of development, based on child and family outcomes.

6 Visit Process (as PSP or Consult)

- ☐ Early Visits 1-3: Review Maine Newborn Hearing Program Binder. (MNHP)
 - Clarify audiological testing, discussing what is known and yet to be.
 - Review anatomy, types of hearing, hearing levels and auditory development.
 - Support early interactions between baby and parent/caregiver.
 - Discuss foundations of language and early communication strategies.

- Provide an overview of all communication opportunities.
- Highlight the variety of available resources in Maine and Nationally.
- Provide an overview of hearing assistive technology (i.e. hearing aids/cochlear implants, BAHA's)
- Introduce Maine Hands and Voices, Guide by Your Side and Deaf Mentor Programs to families.

■ Next Visits 4-6

- Explain, demonstrate, compare and contrast communication opportunities that the family has expressed interest in exploring.
 - o American Sign Language
 - Auditory Oral (Listening and Spoken Language)
 - Auditory Verbal (Listening and Spoken Language)
 - o Bilingual Bimodal
 - Cued Speech
 - Pidgin Sign Language/ Manually Coded English
 - Combined Approaches
- Explain the role of professionals who work with children specific to each communication opportunity.
 - o ASL Family Trainer
 - o Audiologist/ENT
 - Cued Speech Teachers
 - o Deaf and Hard of Hearing Mentors
 - Dual Sensory Impaired Specialists
 - Listening and Spoken Language Specialists
 - Speech Language Pathologists
 - o Teachers of the Deaf (Auditory/Oral & ASL)
- Utilize Part C coaching opportunities for joint visits with professionals to provide more in depth information about specific opportunities.

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- Explain child specific hearing assistive technology and equipment management.
- Provide child specific resources regarding hearing levels and implications.
- Review outcomes and complete the communication plan.

At an IFSP meeting or after the 6 Visits – The team will discuss the most appropriate possible Primary Service Provider based on outcomes and current communication plan.

When another professional is Primary Service Provider, ECFS will be written on the IFSP for quarterly consult visits in order to complete:

- ☐ National Early Childhood Assessment Project (NECAP) Language Assessment
 - This provides state data on language development for children who are deaf or hard of hearing.
 - Will share findings and use assessments in conjunction with the PSP to consolidate progress monitoring.
- ☐ Communication Plan
 - Review child's language progress and current plan.
 - Update communication plan.
- ☐ Preparation for IFSP and outcome development