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## Components of an oral program that can be implemented with culturally and linguistically diverse deaf and hard of hearing children and their families

Marlene J. Lopez

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**COMPONENTS OF AN ORAL PROGRAM THAT CAN BE  
IMPLEMENTED WITH CULTURALLY AND LINGUISTICALLY  
DIVERSE DEAF AND HARD OF HEARING CHILDREN AND THEIR  
FAMILIES**

**By**

**Marlene J. López**

**An Independent Study**

**Submitted in partial fulfillment of the requirements for the  
degree of:**

**Master of Science in Deaf Education**

**Washington University School of Medicine  
Program in Audiology and Communication Sciences, St. Louis**

**May 19, 2006**

**Approved by:**

**JoEllen Epstein, M.A.Ed., Independent Study Advisor**

*Abstract: This study examined oral program components that could be successfully implemented with culturally and linguistically diverse deaf and hard of hearing (DHH) children and their families. A literature review of oral program strategies used with culturally diverse families and their children with special needs, and federal guidelines related to programs serving DHH children were conducted. Recent statistics of children in programs for DHH students who are from racially and linguistically diverse backgrounds were discussed. Additional data sources included classroom observations and multidisciplinary interviews. The data obtained was utilized to design a framework for oral programs to support culturally and linguistically diverse DHH children and their families.*

Components of an Oral Program That Can Be Implemented With Culturally and Linguistically Diverse Deaf And Hard of Hearing Children and Their Families

Diversity is no stranger to most Americans. Accommodations and modifications for diverse populations are commonplace in our society. However, even with a growing awareness of diversity, there continues to be misunderstanding between people of different backgrounds. This lack of diverse cultural knowledge contributes to misunderstanding, which in turn, can hamper professionals' attempts to render appropriate assessment and services.

The ethnic, cultural and linguistic makeup of the United States (U.S.) has increasingly changed over the past few decades. In 2000, the U.S. Census Bureau reported the largest population increase from census-to-census ever recorded in American history. The western region of the United States underwent the greatest percentage of population growth overall. Although several ethnic groups were identified as increasing consistently with the overall rise in population in the country, the Hispanic population demonstrated a significant increase of more than 50% from 1990 to 2000 (see Appendix A1). People of Spanish/Hispanic/Latino origin could identify themselves as Mexican, Puerto Rican, Cuban, or other Spanish/Hispanic/Latino (Hispanic Population Brief US Census, 2000). Of the Hispanic population, 43.5 percent lived in the West and 32.8 percent lived in the South. The remaining Hispanic population lived in the Northeast and Midwest. Half of all the Hispanics in the U.S. lived in California and Texas. About 33% percent of the Californian population is of Hispanic decent as opposed to 12.5% nationally.

Based on the Annual Regional and National Survey of Deaf and Hard-of-Hearing Children from Gallaudet University's Research Institute (2004-2005), students who are deaf may even be more diverse than the general school population. Almost 50% of all identified deaf and

hard of hearing (DHH) populations in the U.S. are from ethnic groups other than white. Twenty-five percent of identified DHH populations in the U.S. are from Hispanic/Latino backgrounds. Twelve point two percent of identified DHH populations in the U.S. speak Spanish at home (see Appendix A2).

According to the State Summary Report of Data from the 2004-2005 Annual Survey of Deaf and Hard-of-Hearing Children from Gallaudet University's Research Institute, there are 5,091 individuals identified as deaf and hard-of-hearing (DHH) in the state of California. Over fifty percent of the identified DHH in California are from Hispanic/Latino origins. Of these, 29.7% speak Spanish at home, furthermore, exceeding the national average (see Appendices A3 & A4). Based on these changing demographics, the Council on Education of the Deaf (CED) now mandates multicultural competence for prospective teachers of children who are deaf (Christensen, 2000). The American Speech-Language-Hearing Association (ASHA) has recognized the need to develop clinician knowledge and skills to provide culturally and linguistically appropriate services (ASHA, 2004). ASHA's Multicultural Issues Board identified competencies and roles for clinician's to use as guidelines. Under the Cultural Competence section of the document, clinicians should be "sensitive to cultural and linguistic differences that effect the identification, assessment, treatment, management of communication disorders/differences in persons" (pg2). Clinicians must be able to identify appropriate service providers and develop knowledge and skills regarding the cultural and linguistic needs of their clients.

For children who are DHH to have successful educational experiences, professionals must form collaborative partnerships with parents and families from all cultures (Simpson, 1996). Cohen (1997) recognized the importance of families in the education of their children,

and encouraged families to be activists in their deaf child's education, especially families of color. Children of color as well as other culturally diverse children are in need of family support. Studies by Kluwin (1994), Allen (1986) and Jensema (1975) reported that the achievement of Hispanic deaf children is lower than that of their Anglo and African American deaf peers (Christensen, 2000). Since early intervention and family involvement are crucial factors in determining the success of language development in children who are DHH (Moeller, 2000; Bailey, 2001; Rice & Lenihan, 2005), it is crucial that professionals have a working knowledge of how to involve culturally and linguistically diverse families. Having an understanding and respect for a family's culture, must also include an understanding of the importance of the family's primary language. Calderon (2000) found that although parental involvement in their deaf child's school-based programs may have a positive influence on the child's academic and social-emotional development, the parents' ability to communicate with their child was a more significant predictor for positive language and academic development. Therefore, the goal of parental education should be to enhance communication skills with their child. Knowing the importance of parent/child communication, professionals are faced with appropriately determining what language to use with the child in the school and home environments.

Although recent research challenges the request of professionals to have parents use only the dominant language in speaking to their DHH child, other researchers continues to support the use of one language for home and school. For years professionals have been concerned that second language learning would disrupt primary language development. It is believed that a second oral language would confuse deaf babies whose auditory and language development were already compromised as a result of a profound hearing loss (Waltzman, Robbins, Green & Cohen, 2003). Speaking another language other than English while having a limited proficiency

in English continues to be perceived as a deficit. Rhoades and Chisolme (2001) proposed that an auditory-verbal intervention would be more successful in helping DHH children become oral. The study participants were a heterogeneous group of children. The study asked the children from bilingual backgrounds, and their families, to transition to monolingual English speakers since English was the language used by the therapist. The bilingual families agreed to transition to speaking only English in the home environment within the first year. The researchers did not obtain a significant difference in their analyses and believed that their results could have been negatively impacted as a result of biological (e.g., sensory processing, cognition, oral-motor) and/or experiential factors (e.g., divorce, alcoholism, bilingualism).

In contrast to research that promotes the use of a monolingual approach in the home and school, there is an equal amount of research which supports encouraging parents to speak to their child in their primary language, as well as, the language of the servicing professional. Guiberson (2005) presented a case study of a bilingual child with a cochlear implant whose parents had been encouraged to speak only English by the professionals at the implant center. Guiberson asked the family to continue to use Spanish, as well as sign language and English. Strategies and intervention techniques were used to develop oral bilingual language. As a result, the child was able to develop her speech and language skills in the school language, English, as well as in the language of her family and culture. By including the family in the speech and language development of their deaf child, the child benefits from exposure to linguistic opportunities in multiple settings. Linguistic diversity is then seen as a strength, not a deficit, for a child who needs to be able to communicate in two cultures. Parents were able to interact with their children in their primary language, instead of struggling to communicate in an unfamiliar language (English).

Waltzman, Robbins, Green and Cohen (2003) evaluated 18 bilingual children with profound hearing losses to explore the feasibility of children with cochlear implants developing oral fluency in a second language and the factors that affect that development. The data revealed that a majority of the children developed a competency in a second language as well as their primary language. Not only did the children learn two languages, their primary language was found to be commensurate with that of normal-hearing children. The children were exposed to the primary and secondary language in the home and school environments. The parents provided primary language instruction at home, with support from the school, while the school provided secondary language instruction at school, with support from the home. As a result of cochlear implants, which provide children access to perceptual and linguistic auditory skills, pediatric cochlear implant users may acquire competence in more than one spoken language (Waltzman, Robbins, Green & Cohen, 2003).

In a study headed by the Laurent Clerc National Deaf Education Center at Gallaudet University, a group of interviewers recorded the case histories of twenty-nine Hispanic parents of children with severe to profound hearing impairment (Steinberg, Bain, Li, Delgado & Ruperto, 2003). The researchers examined the impact of language, culture, minority status and access to information and services on the decision making process of Hispanic families. Hispanic parents reportedly experienced many of the same obstacles as non-Hispanic families when trying to find an accurate diagnosis for their child. The parents knew that there was something wrong with their child prior to diagnosis of deafness; and in many of the cases, when the parents discussed their concerns with the pediatrician or family doctor, the family was told that they were overreacting and there was nothing wrong with their child. Even though some families were fluent in English, they found that communication was more effective and easier when they spoke

to a Spanish-speaking professional. The language-barrier between many of the Hispanic parents and the medical and educational professionals resulted in the parents receiving a limited view of options available for their child. Hispanic parents also had significantly less access than non-Hispanic families to other parents of deaf children and Deaf adults. Despite the strong familial ties usually exhibited in the Hispanic culture, most of the families received significantly less support from relatives and friends than non-Hispanic families. Total communication was the option most educational professionals counseled the Hispanic parents to consider. An oral approach was given as an option; however, this option was often discouraged by many of the professionals. Rarely, and with little detail, were parents counseled about the possibility of a cochlear implant. Most of the families had not been educated regarding the critical period of language development or the benefits of receiving a cochlear implant as early as possible.

Lynch & Stein (1987) conducted a study of Hispanic parents' satisfaction with and participation in their child's special education program. All the families interviewed were Mexican-American, and because their English proficiency was limited, they were interviewed in Spanish. Although the families reportedly were satisfied with their children's special education programs, they were less knowledgeable and involved in programs when compared to parents of Anglo and Black students with special needs. Over half of the Mexican-American parents interviewed indicated that they were not active participants in the development of their children's Individual Education Plan (IEP). Over half of the parents reported that they were unable to attend the last school meeting due to one of four main reasons. The reasons given included: work; time conflicts; transportation problems; and child care needs. Parents were then asked what could be done to get them to attend school meetings. Responses included in rank order: hold bilingual meetings; select convenient times for parents; provide transportation; provide



advance notice of meetings; and provide childcare. When parents were asked to identify a major barrier to their participation in their child's special education program, they stated the following in rank order: work; nothing; no bilingual communication; and general communication concerns/problems. Issues related to culture appeared to affect the parent's view of their role and the school's role in addressing the educational needs of their child. Parents felt that the teacher and school personnel knew what was best for their children; therefore they trusted the school's educational decisions without considering the importance of their input.

Hispanic families' participation in the educational process of their deaf children may be significantly different when the cultural and linguistic needs are addressed. Flores-Beltran (2005) discussed the parent education program that was started in Mexico a little over five years ago, and is now available in ten countries in Latin America, as well as in Spain and the United States. In 1997, the General Hospital of Mexico (GHM) and the John Tracy Clinic (JTC) began working together to implement an educational program that would be available to hearing-health professionals and parents of deaf and hard-of-hearing children. The program was designed to educate parents about their child's hearing loss so they could make informed decisions regarding prevention, early diagnosis and early intervention. Instruction was provided on the following topics: typical hearing, auditory disorders, epidemiology, and diagnostic & therapeutic practices. Parents were also offered support, encouragement and guidance through the program. Although the program was first piloted in Mexico in the year 2000, the article reported that the program has been implemented successfully in other Latin countries by modifying the program to meet the unique educational and economical needs of each country. As of April 2005, more than 4,900 parents had successfully completed the course. (Flores-Beltran, 2005, p.41).

Several studies have identified competencies, strategies and methods in which culturally and linguistically diverse children and their families may receive appropriate services. ASHA's Multicultural Issues Board (2004) listed the knowledge and skills professionals need to provide culturally and linguistically appropriate services to diverse populations. Rice & Lenihan (2005) identified competencies that professionals need to have in providing early intervention in the education of DHH children and their families. Kohnert and others (2005) identified two possible methods for facilitating the home language with DHH children. They suggested that professionals provide parent training in specific techniques that support language development in the primary language, and that bilingual peer-mediated models be utilized in the classroom. Langdon (1994) described several strategies that professionals can effectively use with students and families. The strategies included: respect for the families' view on language development and education; how to appropriately utilize an interpreter; and helping families be involved in the process of assisting their children's language development.

#### Summary Of Literature Review

Current research continues to debate the effects of learning a second language on the child who is deaf and hard of hearing. While some researchers continue to promote one language for an individual already struggling to develop language, many researchers challenge this premise. In challenging a monolingual approach, researchers have found that with today's technology and parental support, DHH children can develop proficient language skills in two languages. Different studies identified competencies, strategies and methods in which culturally and linguistically diverse children and their families may receive appropriate services. The following data collection was conducted to determine the needs of professionals and parents to

provide appropriate communication and support in the development of an oral program for DHH children from culturally and linguistically diverse families.

### Data Collection

Observations and interviews were conducted at various DHH sites in Southern California and at the Central Institute for the Deaf in St. Louis, Missouri. Multidisciplinary interviews, including DHH teachers, special needs administrators, speech pathologists, healthcare professionals and parents, were conducted.

After initial interviews were conducted, interview questions were reevaluated and amended to elicit more open-ended responses from educational professionals. Initially, the questionnaire consisted of seven questions using a five-point Likert scale addressing the individual professional's awareness of cultural and linguistic diversity. These questions were restructured to better assess the educational and support needs of educational professional, as well as, those of the student and their families. The reformatted questions were designed to elicit open-ended responses that addressed the perceived needs of professionals and families. First, what did professionals perceive as the greatest challenge to providing appropriate educational support for students and families? Second, what are the unique challenges of working with DHH children who are from culturally and linguistically diverse populations? Finally, what do you, as professionals and/or parents, perceive as the greatest need to help DHH students to become successful in communicating at home, school and in society?

### Results

In response to the first question, professionals reported that the greatest perceived need involved families of DHH children. Consistently, parents were reported as not understanding the severity and implications of their child's hearing loss. These factors were often reflected in the

parents' requests for educational placement and interventions that were not consistent with their child's identified needs. Other factors effecting educational support for students and families were reflected in educational and familial dynamics. These factors included socio-economic status, cultural and educational background, and ability to communicate effectively with educational and health professionals. Central to the communication issue, parents perceived the educational professional as the main provider for speech and language development. Therefore, since parents did not see themselves as being a primary in the development of their child's communication skills, they were inconsistent in their expected use of hearing devices and communicative interactions with their child.

Several of the responses to the first question were also pertinent to the responses of the second question on linguistic and cultural diversity. Factors such as socio-economic status, educational background and the ability to communicate effectively influenced the communication between professionals and parents. Often communication was significantly hampered by not having a common language in which to interact. Cultural and pragmatic factors were also reported to contribute to communication obstacles. Many educators perceived the parents as not being interested or involved in meeting the needs of their DHH child. Educational professionals reported that when a "support" class was offered to parents of DHH children, there was little response or attendance. There was little or no information that supported the reasons why parents did not attend the classes. One possible factor, as reported by professionals, was that the class was held in a central location of the county, however most of the Spanish speaking would have had to drive one or more hours to attend.

Finally, professionals perceived the greatest need to help DHH students to become successful in communicating at home, school and in society involved the parents of the DHH

child. There were other concerns such as early identification of a hearing impairment, follow through with support and services for hearing devices, and providing placement options that were appropriate for DHH children in a given location yet economically sound with the low numbers often reflected with low incidence special needs; however, parental support and education was the number one need identified by professionals. Professionals reiterated the concerns mentioned in the first two questions.

Parents reported having their children in school learning to communicate was extremely important for their children to be successful in school and society. Parents were glad that their children were learning English, whether oral or signed, but were concerned about their children being unable to communicate with family members who did not speak or sign English. Several parents were unable to communicate effectively with their DHH child, which alienated both the child and the family.

### Conclusion

Overall, the research suggests that DHH children may be able to communicate in two languages thereby allowing them access to the school language and their home language. Cochlear implants and digital hearing aids improve speech perception abilities, which give DHH children more access to speech and language utterances in their environment. The children benefit most from a rich linguistic environment, which can be provided in the school and home settings. In learning the language for school, the DHH child will have opportunities to develop his/her communication skills that are needed to function in an English speaking society. In learning the language of his/her family, the DHH child will be able to effectively communicate with family members as well as other Spanish-speaking members of his/her culture. Through the interviews and observations, communication between professionals and families has been

limited. Although the research indicates that having two languages and two cultures is a positive step for a DHH child, getting a system to work between educators and parents is another challenge that must be studied.

Getting a system that works between educators and parents is not only a good idea, it is necessary to meet the requirements of educational law. According to the Individuals with Disabilities Education Act (IDEA), parents are to participate in the decision making process of their child's education. Parents are to be active participants in the writing and implementation of legal documents such as a Individual Family Service Plan (IFSP) or Individual Education Plan (IEP). Family training programs for children with disabilities are also consistent with the federal mandates that stress partnerships between families and professionals.

A program that is sensitive to the cultural and linguistic needs of DHH children and their families is essential in the success of programs and interventions. Each community and family has its differences and needs, so professionals need to gather as much information regarding the children and families in their own community. Information and programs that assist parents in working with their children, needs to be provided in the family's primary language and supports parents in making an important contribution to their child's language development.

As technology and research helps professionals understand the needs and possibilities that lie ahead of them, further research is needed to better understand how people of two different languages and cultures can effectively communicate with each other. This paper addressed the research regarding Hispanic families. There are many other languages and cultures that need to also be reviewed to determine if the needs of Hispanic DHH children are the same or similar to other cultures and languages. Some researchers talked briefly about the use of sign language in the early months of learning to communicate. The use of manual

communication with DHH children who are already learning two languages should be investigated further. Documenting the success or failure of programs that utilize research-supported strategies in developing communication skills in culturally and linguistically children and their families is also needed. Finally, standardized assessments that are normed on Hispanic DHH children should be designed to appropriately identify strengths and weakness of the general Hispanic DHH population.

#### Components of a Multicultural Oral Program

- Philosophy

The philosophy of a multicultural oral program should be to develop the academic achievement, personal growth and self-esteem of multicultural DHH children by providing intervention that supports respect for their culture and language. Cochlear implants and digital hearing aids, in addition to culturally and linguistically appropriate educational techniques, make it possible for most children to develop their listening and speaking skills in two languages. Exposure to a language-rich environment at home and at school allows the DHH child to develop communication skills to successfully interact with professionals, friends and family.

- Curriculum

Curriculum for young DHH children should include the training of Spanish-speaking families that uses the rich, natural language of the home to develop oral language in their children. For older children, curriculum that contains support materials to meet the linguistic and cultural needs of diverse DHH children and their families should be implemented. More important than the actual curriculum, is a teacher who is

knowledgeable in his/her subject area and utilizes appropriate teaching strategies to meet the needs of the culturally and linguistically diverse DHH children and their families.

- Staff

Staff members need to be sensitive to cultural and linguistic differences that effect the identification, assessment, intervention and involvement of DHH children and their families. To develop the skills necessary in providing appropriate services to diverse students and their families, all staff should receive training to better prepare them in interacting with culturally and linguistically diverse populations. There should always be at least one Spanish-speaking staff member who is available to speak with Spanish-speaking families on the phone or in person during school hours and at all school programs and functions. All attempts should be made to hire qualified Hispanic professionals to serve as role models to the children, and encourage all teachers to learn a second language that will give them access to communicating with their linguistically diverse DHH children and their families.

- Education

Teachers in deaf education programs should enter the work force prepared to address the diverse needs of DHH children and their families. Parents should be educated regarding the needs of their DHH child, and strategies that can be implemented at home to support the language and academic challenges at school. Such educational trainings need to be provided in a language that is comprehensible to all families, and at a location and time that is conducive for a majority of the families. Classes to learn English should be offered to those who wish to develop their language skills to effectively interact with professionals (i.e., audiologists, medical staff, DHH teachers, speech therapists, etc.) who



will be working with their DHH child. Schools should also consider input from consultants and resources from organized Hispanic groups in planning an educational in-service for families and/or professionals.

- Teaching Methods

Teaching methods should be individualized for each student. Factors such as culture, language and developmental levels should be considered in developing a strong auditory program. The program should include direct and systematic instruction that utilizes multisensory techniques. Teaching a DHH child who does not speak English, may look similar to teaching oral skills to a child who only communicates using American Sign Language (ASL). Teachers may want to use the book, Teaching Activities for Children who are Deaf and Hard of Hearing: A Practical Guide for Teachers by Moog, J.S., Stein, K.K., Biedenstein, J.J., & Gustus, C.H., as a teaching guide, and involve Spanish-speaking families by using the Spanish version that presents the same language skills but uses Spanish vocabulary and syntax. Another useful resource guide would be Cultural and Linguistic Diversity Resource Guide for Speech-Language Pathologists, by Goldstein, B. The resource guide provides basic knowledge needed to understand culturally and linguistically diverse populations; charts and lists for assessment and intervention; case studies with recommendations for assessment and treatment; and a glossary and resource list.

- Access to Technology

All DHH children and their families need to be given information, in the family's primary language, regarding the latest technology available. Many cochlear implant and hearing aid companies provide written and audio-visual materials in Spanish. A

professional who is trained in explaining the pros and cons of cochlear implants and digital hearing aids should follow up the written materials with a meeting to answer any questions the family may have regarding the hearing devices and any forms that need to be completed. An interpreter should accompany the professional whenever necessary. Providing a computer that connects families to Internet sites (which can be available on the main screen or in the “favorites” section) containing information about their DHH child in Spanish would also be helpful.

- Parent Involvement

Oral language development in DHH children begins in the home environment; therefore, parents need to be equipped with materials and strategies to use in the home environment. Parents should have access to all printed information that is given to other DHH families, in their primary language. Professionals should be specific about ways that families can be involved in the education of their child. Support groups such as Spanish-speaking families of DHH children may help Hispanic families feel more comfortable discussing the needs and challenges of having a DHH child. Through this support group, a professional may want to explain that their contribution in the support group should also be articulated during meetings such as an IEP meeting, in order to meet the federal mandates (IDEA) that encourage a partnership between families and professionals.

- Assessment

At this time, the same assessments used with Spanish-speaking children who are hearing, should be used cautiously to determine the educational needs of Hispanic DHH children. Assessment results should indicate that the tests administered were not normed on Hispanic DHH children.

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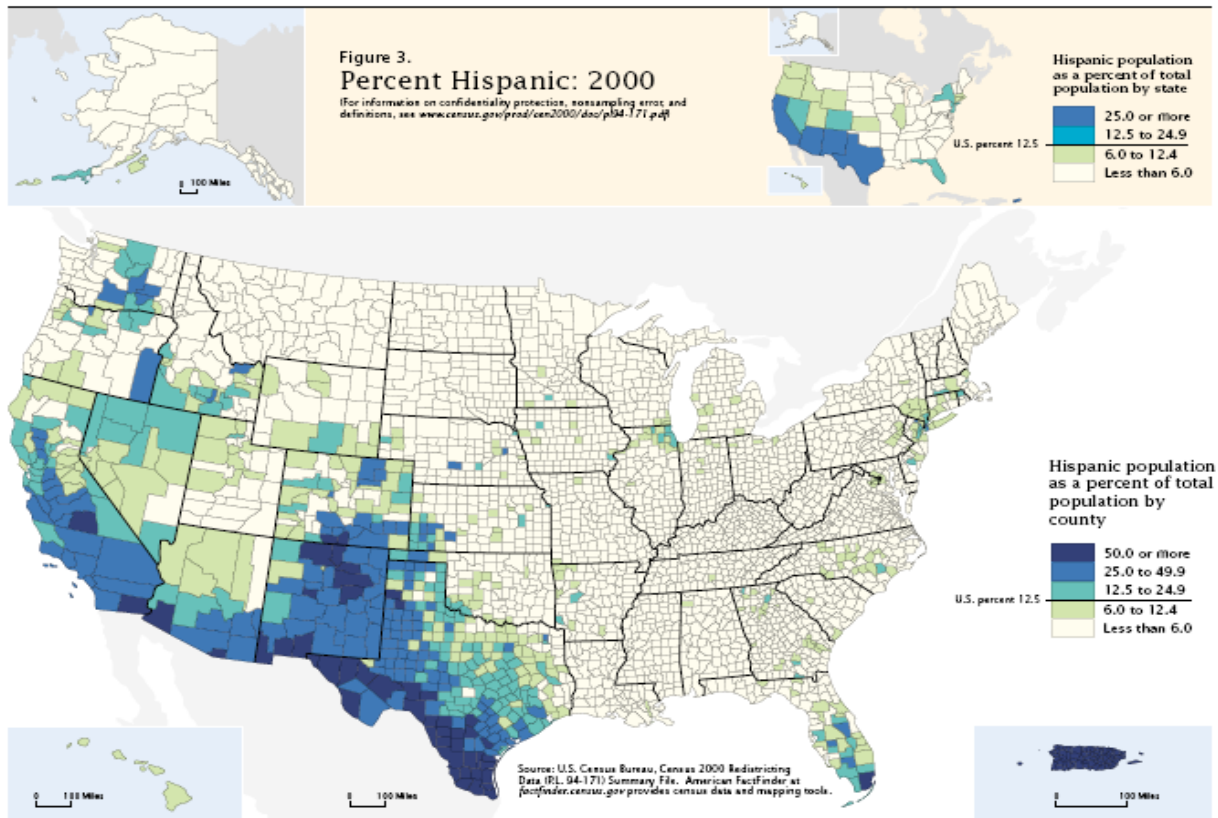
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Appendix A

Appendix A1

# Hispanic Population Brief

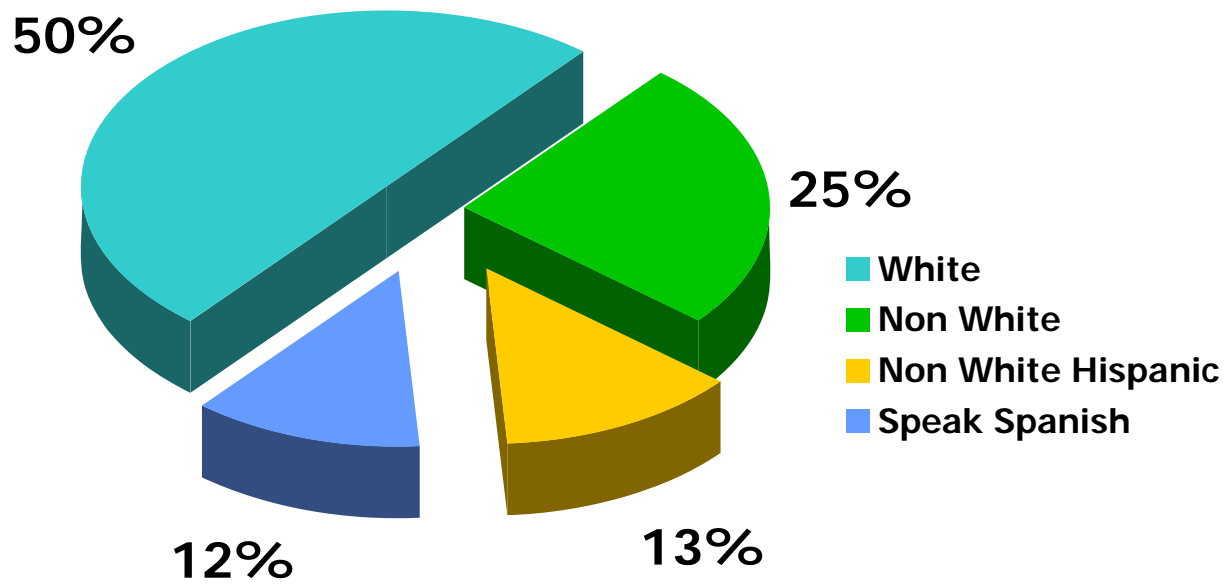
U.S. Census Bureau: 2000



Appendix A2

### US DHH Ethnic Populations

Gallaudet Research Institute: 2004-2005 Annual Survey

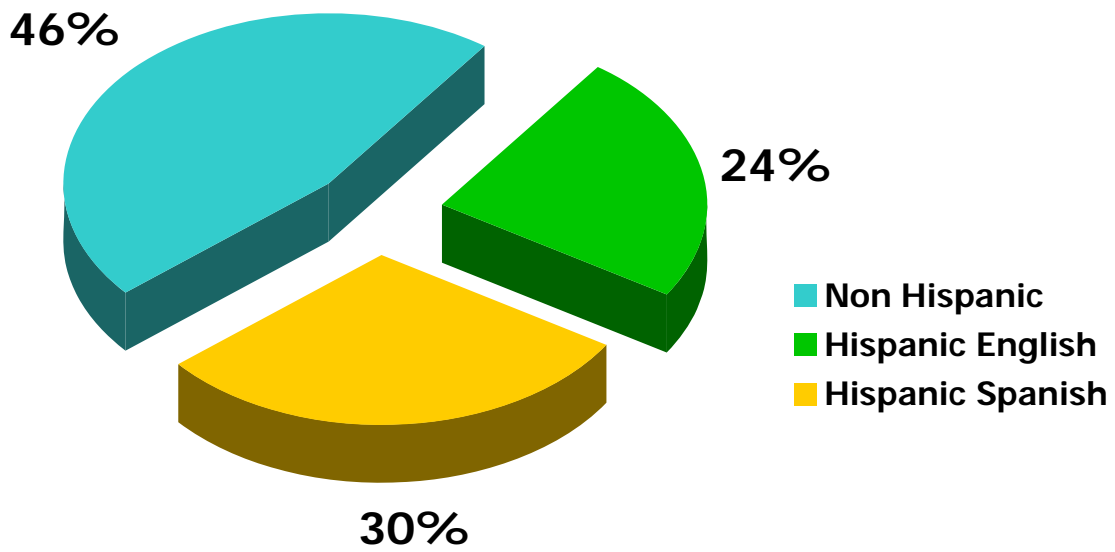




Appendix A3

**CA DHH Population**

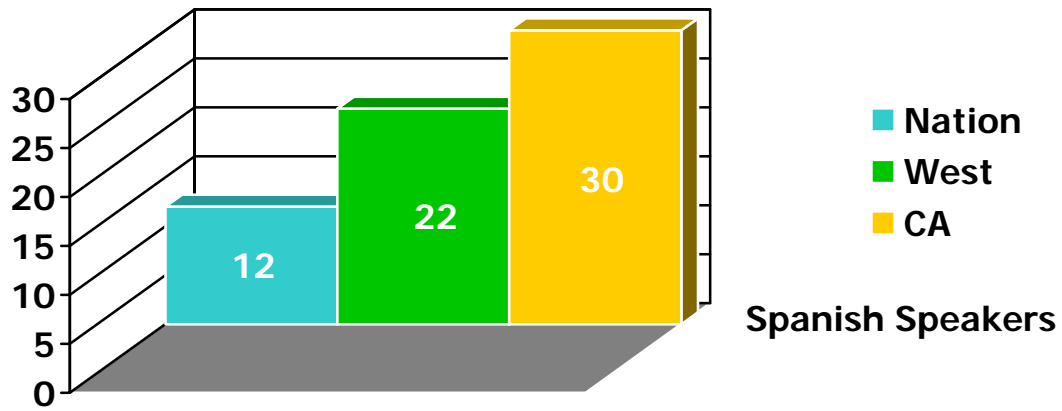
**Gallaudet Research Institute: 2004-2005 Annual Survey**



Appendix A4

### Percent of DHH Spanish Speakers

Gallaudet Research Institute: 2004-2005 Annual Survey



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Suggested Multicultural Readings  
Compiled by Multicultural Issues Board of ASHA  
May 1996, updated 2005

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### National Organizations

The following organizations can be found at <http://www.deafvision.net/aztlan/resources/index.html>:

#### **California Latino Council of the Deaf and Hard of Hearing, Inc.**

President: Mark D. Apodaca  
P.O. Box 65591  
Los Angeles, CA 90065  
TTY: (562) 634-4112  
FAX: (562) 630-5391  
Email: [CLCDHH@aol.com](mailto:CLCDHH@aol.com)  
WWW: <http://www.deafvision.net/clc/>

CLCDHH's mission is to promote leadership, advocacy, education, and to address the needs of the Deaf and Hard of Hearing Latino Community.

#### **DCARA Deaf Latino Program**

Coordinator: Marta Ordaz  
P.O. Box 333  
San Leandro, CA

The Deaf Latino Program in San Leandro, Calif.

**Deaf Aztlan**

P.O. Box 14431

San Francisco, CA 94114

Email: [aztlan@deafvision.net](mailto:aztlan@deafvision.net)WWW: <http://www.deafvision.net/aztlan/>

Deaf Aztlan is an online resource for Deaf Latinos/as living in the United States. In addition to this online website, we provide a news and discussion list for Deaf Latinos/as and our supporters.

**National Hispanic Council of the Deaf and Hard of Hearing**

Chair: Ivy Velez

D.E.A.F., Inc.

215 Brighton Avenue

Allston, MA 02134

(617) 254-4041 TTY/v

(617) 254-7091 Fax

Email: [IMVelez@aol.com](mailto:IMVelez@aol.com)

NHCDHH is currently inactive.

**Wisconsin Hispanic Association of the Deaf**

Chair: Jose Barraza

1539 South Pearl St.

Milwaukee, WI 53204

TTY: (414) 647-1642

Email: [barrazjh@milwaukee.tec.wi.us](mailto:barrazjh@milwaukee.tec.wi.us)

Wisconsin Hispanic Association of the Deaf was founded in October 1998 by Jose Barraza. The organization provides ASL / Spanish sign language classes, events, justice for the deaf (court's system), and many other activities and programs.

On-line Resources in Spanish

For a list of online resources in Spanish and English, go to:

<http://clerccenter.galiaudet.edu/KidsWorldDeafNet/e-docs/HispFam/appendix.html>

Home Support Curriculum*Learn to Talk Around the Clock***By Karen Rossi M.A.**

The **Learn To Talk Around the Clock**® materials are based on the premise that the parent-child relationship is the best path to developing oral language in children by using the rich, natural resources of the home and daily routine. The natural home environment is the logical and

most effective place to educate the infant and toddler. The child's whole day offers unlimited language learning opportunities. Families will learn to talk to their child and stimulate language and listening development while conducting the activities of everyday life. These vital interactions lay the foundation for auditory and language development.

A Spanish version of the Talking Points, "Spanish Talking Points" has been submitted to AGBell for publication. The CD provides professionals with a Spanish translation of the reproducible materials for families.

Alexander Graham Bell Association, Inc. 3417 Volta Place, NW  
Washington, DC 20007-2778 [www.agbell.org](http://www.agbell.org)  
or [www.LearnToTalkAndListenAroundTheClock.com](http://www.LearnToTalkAndListenAroundTheClock.com)

### ***My Baby and Me***

#### ***A Book about Teaching Your Child to Talk***

By Betsy Moog Brooks

*My Baby and Me* has been written for parents of young children who are deaf and hard of hearing and for professionals working with these parents. Developed with the comments and guidance of many parents of children with hearing loss, it offers strategies and techniques for helping children develop spoken language skills, with ideas and suggestions for language learning activities, as well as answers to questions about hearing and hearing loss. It also provides parents with spaces for taking notes and contains a variety of resources for each topic.

*My Baby and Me* is organized in a convenient binder format, which gives parents places to collect and store medical and audiological information, as well as other reports about their child. ***My Baby And Me* is also available in Spanish.**

Please contact Betsy Moog Brooks at [bbrooks@moogcenter.org](mailto:bbrooks@moogcenter.org)

### **Assessments Commonly Used with Spanish Speakers:**

At this time, there are no standardized instruments that are normed for children who are deaf and Hispanic. The following assessments are commonly used with Spanish speakers:

Language:	Preschool Language Scale, Fourth Edition (PLS-4) Spanish Edition Clinical Evaluation of Language Fundamentals 3rd Spanish Edition (CELF- 3S)
Phonological Awareness:	Test of Phonological Awareness in Spanish (TP AS)
Intellectual:	Kaufman Assessment Battery for Children
Development:	Wechsler Intelligence Scale for Children Revised Español Leiter International Performance Scale - Revised Learning Potential Assessment Device System of Multicultural Pluralistic Assessment Wechsler Preschool and Primary Scale of Intelligence - Non- Verbal Cognition

Vocabulary:	Test de Vocabulario en Imagenes Peabody (TVIP) Receptive One-Word Picture Vocabulary Test 2000 Edition, Spanish Version (ROWPVT) Expressive One- Word Picture Vocabulary Test 2000 Edition, Spanish Version (EOWPVT)
Auditory Perceptual Skills:	Perceptual Test of Auditory Perceptual Skills Revised (TAPS-R) Spanish Version
Reading:	Borneo's Word List in Spanish Brigance Diagnostic Assessment Criterion referenced tests tied to Curriculum CTBS Español
Written	Brigance Diagnostic Assessment
Language:	Woodcock Johnson Psycho Educational Battery