



# Infant Hearing Program **2021** Resource Guide



# For Families with Infants and Toddlers who are Deaf/Hard of Hearing.



This resource guide was written and compiled with the help of many individuals and agencies interested in helping children who are Deaf or Hard of Hearing (D/HH). The information is intended to be a resource for parents of D/HH children. The Infant Hearing Program (IHP) ascertained the latest resource information; however, our list of resources may not be comprehensive and some addresses, websites, and other information may change over time.

**Infant Hearing Program**  
Arkansas Department of Health  
Revised, 2021

**Infant Hearing Program-Child Health**  
Arkansas Department of Health  
Freeway Med. Bldg., 5800 W 10th St. Ste. 808  
Little Rock, AR 72204  
501-280-4740

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As you look over this guide, new questions and ideas may appear. There is no one “right” way to find the program to help your child to succeed. You will make many decisions in the days ahead. Give yourself time to consider all options. Your child’s needs, as well as the needs of your family, will change with time. Remain open to new ideas.

# Does your baby have hearing loss?

Most people do not know a lot about hearing loss and what it means for a child and his or her family. You may not remember much of what was said after you were told your child has hearing loss. Instead, many questions may have raced through your mind:

- “Can this hearing loss be corrected?”
- “What caused this hearing loss?”
- “Will it get better?”
- “Will it get worse?”
- “Can my child learn to communicate?”
- “Can he or she go to a regular school?”
- “If we have more children, will they have a hearing loss?”
- “Will he or she be able to get a job?”

It might be hard for you as you learn the answers to these questions. No one knows for sure what your child’s future holds. You want the best for your child, but now you may not know what to do or where to turn. The Arkansas Department of Health wants you to know there is support for you and your family.

## What to Do

Upon your baby’s diagnosis with hearing loss, you should:

1. Contact Guide By Your Side (GBYS) immediately. GBYS is a program provided by Arkansas Hands & Voices. It is a family support program composed of parents of children who are D/HH. Parents of D/HH children serve as guides for parents who have just learned of their child’s hearing condition. Hands & Voices is a group where you can explore options, discover new resources, learn from one another and share common experiences. More information can be found at <http://arhandsandvoices.org>.
2. Contact Arkansas School for the Deaf Statewide Services at (501) 324-9523 to receive outreach, early intervention services, and sign language classes.
3. Request a Service Coordinator from Arkansas First Connections. A Service Coordinator will contact the parent(s) to discuss concerns,



obtain developmental evaluations and secure services. Service Coordinators work to help the child reach their fullest potential and enhance the abilities of the family to assist their child.

4. Learn as much as you can about hearing loss and the different forms of communication. Choose the communication method that best suits your family right now. More information can be found at <https://www.healthy.arkansas.gov/images/uploads/DecisionGuide.pdf>.

## Who Can Help

You will meet many new people because of your child’s hearing loss. The Infant Hearing Program (IHP) strongly suggests using a Service Coordinator to assist you with the navigation of the hearing loss system of care. All families are welcome to attain this free service through the Department of Human Services’ First Connections program. You may begin or end the service at any time.

During your journey you may meet audiologists, early intervention specialists, medical professionals, and parents and/or caregivers of children with hearing loss.

## Audiologist

An audiologist is a professional who diagnoses and treats hearing and balance problems. The audiologist may help you by:

- Providing hearing care and treatment to increase positive outcomes with regards to communication.
- Recommending amplification (hearing aids, personal frequency modulation FM systems) or cochlear implants to meet the needs of your child.
- Testing your child with and without amplification and discussing your child's responses to sounds.
- Providing information about early intervention program options and working with you and early intervention specialists.

## Early Intervention Specialist

An early intervention specialist can be a speech-language pathologist, teacher of the D/HH, an audiologist, early childhood special educator, occupational therapist or a physical therapist. Each of these professions have special expertise to help you and your infant. You may work with one or more of these professionals, who can help by:

- Describing the services and support systems available through early intervention programs and your family's ability to participate.
- Discussing concerns about your child's hearing loss.
- Answering your questions about the effect of your child's hearing loss on communication, participation in family activities, and learning.
- Working with the early intervention specialist to help you and your child make the best choices.
- Working with you to plan for child's educational needs as they grow.

## Primary Care Practitioner (PCP) or Pediatrician

Your child's doctor may help by:

- Working with an early intervention specialist who will help you and your child make the best choices.

- Providing information about treatment for the various types of hearing loss.
- Completing referrals promptly.

## Ear, Nose, Throat (ENT) Physician

The ENT may help by:

- Confirming the hearing loss.
- Discussing possible medical or surgical treatment, including cochlear implants, for different types of hearing loss.
- Referring promptly for amplification and early intervention upon confirmation of a hearing loss.



## How You Can Help Your Child

- Learn as much as you can about hearing loss and communication.
- Keep all your appointments.
- Follow through with any recommendations you have agreed upon with the professionals working with you and your child.

## Early Intervention Services

First Connections provides early intervention (EI) services. Speak with your Service Coordinator to see which options are available for your child. These services can include:

- Assistive technology/adaptive equipment (and AT Services)
- Audiology
- Family training, counseling, and home visits
- Health services
- Medical services
- Nursing services
- Nutrition services
- Occupational therapy
- Physical therapy
- Psychological services
- Service coordination services
- Sign language and cued speech services
- Social work services
- Special instruction (developmental therapy)
- Speech-language pathology services
- Transportation and related costs
- Vision services

More information about First Connections can be found by calling 1-800-643-8258 or visiting <https://dhs.arkansas.gov/dds/firstconnectionsweb/#fc-home>.



## Types of Communication

A child who is Deaf or Hard of Hearing may utilize one or more ways to communicate:

- **American Sign Language (ASL)**  
A complete and natural visual language expressed through the movements of hand and facial expression. It is the primary language of many American Deaf people.
- **Auditory-Oral**  
Hearing aids or cochlear implants are used to amplify available hearing. Amplified hearing is used to develop spoken language.
- **Auditory-Verbal**  
The D/HH infant is taught to listen and talk with the support of hearing technology such as hearing aids, assistive listening devices or cochlear implants.
- **Cued Speech**  
This type concentrates on lip-reading with hand gestures to assist the listener in recognizing certain sounds.
- **Total Communication**  
Combines all of the above communication tools.

# Types and Degrees of Hearing Loss

There are four types of hearing loss:

- **Conductive Hearing Loss**  
Hearing loss affects the way sound travels through the outer or middle ear pathway. This type of hearing loss can often be treated with medicine or surgery.
- **Sensorineural Hearing Loss**  
Hearing loss that occurs when there is a problem with the way the inner ear or hearing nerve works.
- **Mixed Hearing Loss**  
Hearing loss that includes both a conductive and a sensorineural hearing loss.
- **Auditory Neuropathy Spectrum Disorder**  
Hearing loss that occurs when sound enters the ear normally, but because of damage to the inner ear or the hearing nerve, sound isn't organized in a way that the brain can understand.

The degree of hearing loss can range from mild to profound:

- **Mild Hearing Loss**  
A person with mild hearing loss may hear some speech sounds but soft sounds are hard to hear.
- **Moderate Hearing Loss**  
A person with moderate hearing loss may hear almost no speech when another person is talking at a normal level.



- **Severe Hearing Loss**  
A person with severe hearing loss will hear no speech when a person is talking at a normal level and only some loud sounds.
- **Profound Hearing Loss**  
A person with a profound hearing loss will not hear any speech and only very loud sounds.

Hearing loss can also be described as:

- **Unilateral or Bilateral**  
Hearing loss is in one ear (unilateral) or both ears (bilateral).
- **Pre-lingual or Post-lingual**  
Hearing loss happened before a person learned to talk (pre-lingual) or after a person learned to talk (post-lingual).
- **Symmetrical or Asymmetrical**  
Hearing loss is the same in both ears (symmetrical) or is different in each ear (asymmetrical).
- **Progressive or Sudden**  
Hearing loss worsens over time (progressive) or happens quickly (sudden).
- **Fluctuating or Stable**  
Hearing loss gets either better or worse over time (fluctuating) or stays the same over time (stable).
- **Congenital or Acquired/Delayed Onset Hearing**  
Hearing loss is present at birth (congenital) or appears sometime later in life (acquired or delayed onset).

For more information, visit the National Institute of Deafness and Other Communication Disorders at: <https://www.nidcd.nih.gov/>.

# Communication and Sign Language Milestones

## 0-3 Month Milestones

- Quiets or smiles in response to sound or voice
- Turns head towards sound or voice
- Shows interest in faces
- Makes eye contact
- Cries differently for different needs (e.g. hungry vs. tired)
- Coos, smiles, stretching, reaching, opening and closing fists, and recognition of different facial expressions

## 4-6 Month Milestones

- Reacts to sudden noises or sounds
- Listens and responds when spoken to
- Begins to use consonant sounds in babbling, e.g. “da, da, da”
- Makes different kinds of sounds to express feelings
- Notices toys that make sounds
- Uses babbling nonverbal means to communicate needs and reactions

## 7-9 Month Milestones

- Uses increased variety of sounds and syllable combinations in babbling
- Looks at familiar objects and people when named
- Recognizes sound of their name
- Participates in two-way communication
- Follows some routine commands when paired with gestures
- Shows recognition of commonly used words
- Simple gestures, e.g. shaking head for “no”
- Imitates sounds
- Holds nonverbal means to communicate needs and reactions

## 10-12 Month Milestones

- Meaningfully uses “mama” or “dada”
- Responds to simple directions, e.g. “Come here”

- Produces long strings of gibberish (jargoning) in social communication
- Says one or two words
- Imitates speech sounds
- Babbling has sounds and rhythms of speech
- Pays attention to where you are looking and pointing
- Responds to “no”
- Begins using hand movements to communicate wants and needs, e.g. reaches to be picked up
- Begins to explore hand shapes, movement and palm orientation

## 13-18 Month Milestones

### By 15 months:

- May use 5-10 words
- Combines sounds and gestures
- Imitates simple words and actions
- Consistently follows simple directions
- Shows interest in pictures
- Can identify one to two body parts when named
- Understands 30 words

### By 18 months:

- Responds to questions
- Repeats words overheard in conversation
- Continues to produce speech-like babbling
- Points at familiar objects and people in pictures
- Understands “in” and “on”
- Responds to yes/no questions with head shake/nod
- Maybe uses at least 30 words?

## 19 – 24 Month Milestones

### By 21 Months:

- Uses at least 50 words
- Consistently imitates new words
- Names objects and pictures
- Understands simple pronouns (me, you, my)
- Identifies three to five body parts when named
- Understands new words quickly

## By 24 months:

- Begins to use two-word phrases
- Uses simple pronouns (me, you, my)
- Understands action words
- Uses gestures and words during pretend play
- Follows two-step related directions e.g. “Pick up your coat and bring it to me”
- Enjoys listening to stories

## 2 – 3 Year Milestones

### By 30 months:

- Consistently uses 2-3 word phrases
- Uses “in” and “on”
- At least 50% of speech is understood by caregiver
- Follows 2-step unrelated directions, e.g. “give me the ball and go get your coat”
- Understands basic nouns and pronouns
- Understands “mine” and “yours”

### By 36 months:

- Asks “what” and “where” questions
- Uses plurals, e.g. “dogs”
- Most speech is understood by caregiver
- Simple understanding of concepts including color, space, time
- Understands “why” questions
- Understands most simple sentences

Source: [www.pathways.org](http://www.pathways.org)





## Giving Your Child the BEST GIFT ... LANGUAGE!

The period from birth to 3 is a critical time for children to develop a language and learn new things. As a parent, giving access to language is how you can build a foundation of success.

### Are Deaf and Hard of Hearing Children at risk for Language Deprivation?

During this period of early life, many deaf and hard of hearing children are, sometimes unintentionally and unknowingly, unable to access the language of their families or peers. Without access to language, there is a greater risk of harm from language deprivation, which can also lead to reduced cognitive capacities. Language deprivation is the harm that results when a child does not receive sufficient language input to learn to communicate.

### How can I ensure my child receives access to a rich language?

Think about the world from your child's perspective. What do they hear? What do they see? The majority of deaf children are born into hearing families. Some families learn sign language to communicate with their deaf children. Some families prefer to use oral communication with their deaf children, often using technologies such as cochlear implants or hearing aids, together with speech training. A growing number of families choose to do both. Recent research supports the benefits of children becoming bilingual. This means children can learn to speak and hear English along with learning sign language.

The most important thing is for your child to have full access to a language. When neither spoken language nor sign language is accessible to deaf children, the result is often early language deprivation.

**I wish I knew when my son was little that the decisions I made for him were my decision for that time. I wish I knew I could change course and that was okay. It would have taken a lot of pressure off. I wish I realized that as he grew older, he would become the decision-maker and I would become his consultant and biggest fan.**

**- Candice Lindow-Davies, Luke's Mom, 2008 MN - Hands & Voices**

## What is the best language for my child?

The brain does not discriminate regarding preference in languages. Therefore, it does not matter if the child is learning a spoken language (English, French ... ) or a visual language (American Sign Language, British Sign Language ... ). The important point is that the child must have frequent and full access to language to develop their own ability to communicate and to meet learning goals.

You may instinctively know the language that your child is most easily able to access. If not, the good news is you do not have to choose. You can give your child every opportunity to succeed by giving access to both spoken and visual language options. If one approach is not working, you can change or add another approach.

### Language is essential to learning.

Babies can manipulate their hands before they develop speech. Therefore, all children can benefit from learning signs from birth to help them communicate earlier. As children develop a first language, they can apply it to learning a second language. To achieve full participation in American life, many deaf and hard of hearing children develop proficiency in two languages, English and American Sign Language.

Is your child able to access language? Keep an eye on your child's ability to understand and communicate. As they grow, they will need to communicate fully to develop into bright and successful young adults.

**The human brain does not discriminate between the hands and the tongue. People discriminate, but not our biological human brain.**

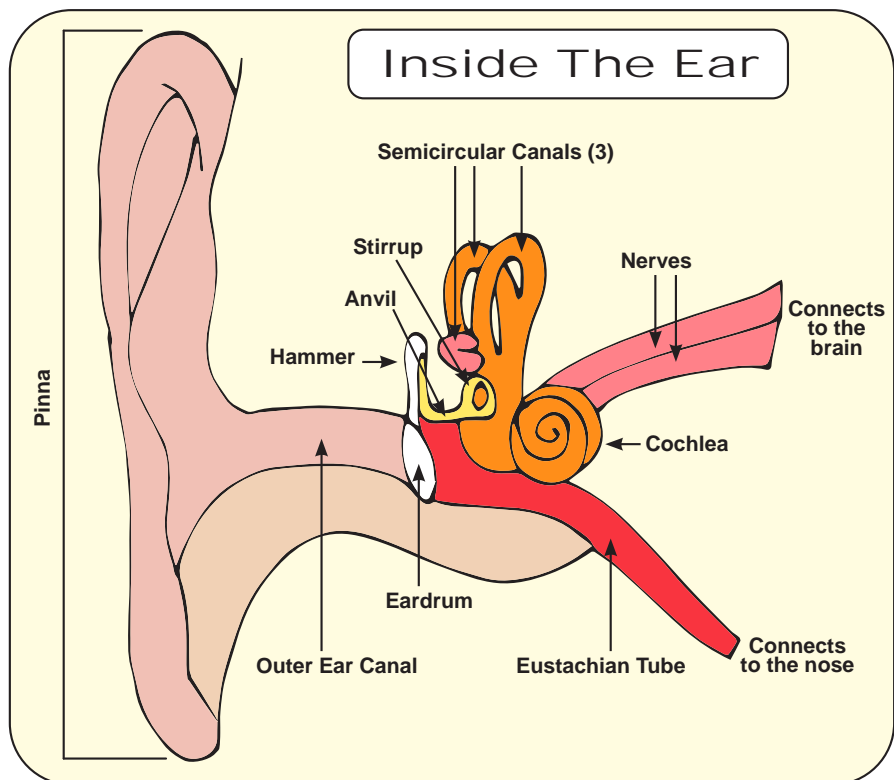
**- Dr. Laura Ann Pellito, Developmental Cognitive Neuroscientist**

# The Ear

Sound is collected by the pinna (the visible part of the ear) and directed through the outer ear canal. The sound makes the eardrum vibrate, which in turn causes a series of three tiny bones (the hammer, the anvil, and the stirrup) in the middle ear to vibrate. The vibration is transferred to the snail-shaped cochlea in the inner ear. The cochlea is lined with sensitive hairs which trigger the generation of nerve signals that are sent to the brain. On average, people can hear sounds between 20 to 20,000 Hertz.

Parts of your ear include:

- **Anvil** - (also called the incus) a tiny bone that passes vibrations from the hammer to the stirrup.
- **Cochlea** - a spiral-shaped, fluid-filled inner ear structure; it is lined with cilia (tiny hairs) that move when vibrated and cause a nerve impulse to form.
- **Eardrum** - (also called the tympanic membrane) a thin membrane that vibrates when sound waves reach it.
- **Eustachian tube** - a tube that connects the middle ear to the back of the nose; it equalizes the pressure between the middle ear and the air outside, like when your ears “pop” with changes in altitude (going up a mountain or in an airplane) to equalize the air pressure in your middle ear.
- **Hammer** - (also called the malleus) a tiny bone that passes vibrations from the eardrum to the anvil.
- **Nerves** - carry electro-chemical signals from the inner ear (the cochlea) to the brain.
- **Outer ear canal** - the tube through which sound travels to the eardrum.
- **Pinna** - (also called the auricle) the visible part of the outer ear that collects sound and directs it into the outer ear canal.
- **Semicircular canals** - three loops of fluid-filled tubes that are attached to the cochlea in the inner ear to help maintain our sense of balance.
- **Stirrup** - (also called the stapes) a tiny, U-shaped bone that passes vibrations from the stirrup to the cochlea. This is the smallest bone in the human body (it is 0.25 to 0.33 cm long).



# How Do I Know if My Child Needs a Hearing Aid or a Cochlear Implant?

The audiologist and other hearing health care professionals will determine whether your child is a candidate for hearing aids or cochlear implant based on the type and severity of the hearing loss, as well as the structure of the ear.

As hearing loss is commonly identified in very young infants, children often start with hearing aids initially. This important decision is a process made by families and medical professionals.

## Other Assistive Devices

Health professionals use a variety of assistive devices:

- Assistive listening devices (ALDs) amplify sounds when there is a lot of background noise. ALDs can be used with a hearing aid or cochlear implant to help a user hear certain sounds better.
- Augmentative and alternative communication (AAC) devices help people with communication disorders express themselves. These devices can range from a simple picture board to a computer program that synthesizes speech from text.
- Alerting devices to a doorbell, telephone, or alarm that emits a loud sound or blinking light to let someone with hearing loss know an event is taking place.

## Telecommunications Relay Services

- **Text Relay Systems (TRS)**  
One type of relay system provides a human operator to read words typed on a special device by a Deaf or Hard of Hearing person to a person who can hear. The operator relays the hearing person's spoken words by typing them back to the Deaf or Hard of Hearing person.

- **Video Relay Systems (VRS)**  
Another, more common, system is a video relay service. The video phone, often called a VP, can be used to talk to others via a sign language interpreter, who connects with a person who can hear through a regular phone. An interpreter, called a video interpreter, communicates with the Deaf person using sign language and relays the information to the hearing person by speaking the message. The process is reversed to allow the hearing person to speak a message to the Deaf person with the interpreter signing the information.
- **Getting Access to a Video Phone**  
There are several relay service providers in Arkansas. Two major companies in the state are: Arkansas Relay Services, which provides TRS, and Sorenson Communications, which provides VRS.
- **Other Resources:**  
Telecommunication Access Program (TAP) provides communication and device assistance to Deaf and Hard of Hearing individuals. More information can be found at sentence <https://arktap.org/>.



# Audiology Providers:

## **Batesville**

Batesville Surgery & CT Imaging,  
501 Virginia Drive, S-A,  
Batesville, AR 72501  
Phone: 870-698-1846

## **Benton**

Saline Audiology Associates  
#5 Medical Park Dr., Suite 101  
Benton, AR 72015  
Phone: 501-778-3868,  
501-317-1704 initial and rescreen

## **Camden**

Pinnacle Hearing Clinic  
415 Hospital Drive  
Camden, AR 71701  
Phone: 501-225-6060

## **Conway**

Central Arkansas ENT Clinic  
2200 Ada Avenue, Suite 202  
Conway, AR 72034  
Phone: 501-327-3929 or 800-419-3929

Ear, Nose, & Throat Center of Conway  
2425 Dave Ward Drive, S-101  
Conway, AR 72034  
Phone: 800-304-5158 or 501-932-7600

UCA - Department of Speech & Language Clinic 201  
Donaghey Avenue  
Conway, AR 72035  
Phone: 501-450- 5484

## **Fort Smith**

AR Center for ENT & Allergy  
7805 Phoenix Ave  
Fort Smith, AR 72901  
Phone: 479-242-4220

Center for Hearing, Ltd.  
4300 Rogers Avenue, Suite 15  
Fort Smith, AR 72903  
Phone: 479-785-3277

Cooper Clinic  
6801 Rogers Avenue  
Fort Smith, AR 72903  
Phone: 479-478-3541  
Med Records: 479-274-2640

## **Forrest City (Marion)**

Forrest City Office of Memphis Hearing Aid and Audio  
logical Services  
1501 Dawson Rd.  
Forrest City, AR 72335  
Phone: 870-270-9491 or 901-682-1529

## **Harrison**

Family ENT & Sinus Center 1  
401 McCoy Drive  
Harrison, AR 72601  
Phone: 870-741-4368  
Screenings, Diagnostic ABRs, Fax 870-741-9515

## **Hot Springs**

First Step, Inc.  
407 Carson St.,  
Hot Springs, AR 71901  
Phone: 501-624-6468

## **Jonesboro**

Arkansas Children's Jonesboro Clinic  
520 Carson St.  
Jonesboro, AR. 72401  
Phone: 870-336-2175

Otolaryngology & Facial Surgery Center  
621 E. Matthews  
Jonesboro, AR 72401  
Phone: 870-932-6799

## **Little Rock**

A+ Hearing Service  
Dr. Tammy Vanover – State Audiologist  
500 S University Ave Suite A13  
Little Rock, AR 72205  
Phone: (501) 664-0337  
[aplushearingsservice@gmail.com](mailto:aplushearingsservice@gmail.com)

Arkansas Children's Hospital Audiology  
#1 Children's Way  
Little Rock, AR 72202;  
Phone: 501-364-4319

Arkansas School for the Deaf  
2400 West Markham St.  
Little Rock, AR. 72205  
Phone: 501-324-9506

Arkansas Otolaryngology Center  
10201 Kanis Road  
Little Rock, AR 72205  
Phone: 501-227-5050

Little Rock Audiology Services  
500 S. University, #405  
Little Rock, AR 72205  
Phone: 501-664-5511

Pinnacle Hearing Clinic  
107000 N. Rodney Parham Rd STE A7  
Little Rock, AR 72212  
Phone: 501-225-6060

UALR Speech and Hearing Clinic  
5820 Asher Avenue, University Plaza, Suite 600,  
Little Rock, AR 72204  
Phone: 501-569-3155

## **Rogers**

Mercy Clinic Ears, Nose and Throat  
5204 W. Redbud  
Rogers, AR. 72758  
Phone: 479-636-0110

## **Springdale**

Arkansas Children's Hospital NWA Clinic  
2601 Gene George Blvd  
Springdale, AR. 72762  
Phone: 479-725-6800

## Organizations that may Provide Financial Assistance:



**Easter Seals Arkansas**  
3920 Woodland Heights Road  
Little Rock, AR 72212



**Jaycees (United States Junior Chamber National Service Center)**  
PO Box 7, Tulsa, OK 74102  
800-529-2337



**Lion's Club International**  
300 W. 22nd St,  
Oak Brook, IL 60523  
630-571-5466 Ext 318



**Hear Now, Starkey Hearing Foundation**  
1245 S. Main Street, Suite 200,  
Grapevine, TX 76051  
800-648-4327

Title V Children with  
Chronic Health Conditions

Phone: 1-800-482-5850  
ext. 22277



**CHILDREN WITH CHRONIC HEALTH CONDITIONS**

Title V Children with Special Health Care Needs



## Other Resources:



### Arkansas Department of Health Infant Hearing Program

Little Rock, Arkansas  
501-280-4758

[www.arhealthyhearing.com](http://www.arhealthyhearing.com)

Offers: *Education on infant hearing, trainings for parents and professionals. Monitors all children under three years of age with hearing loss. Ensures children have access to early intervention.*



### Arkansas School for Deaf Statewide Services

Little Rock, Arkansas  
501-324-9522

<https://www.arschoolforthe deaf.org/>

Offers: *Outreach services to children who are Deaf or Hard of Hearing, their families and service providers. Early intervention services (including service coordination), education, audiology testing, speech and language assessments, and sign language classes are also provided.*



### First Connections (Arkansas Department of Human Services)

Statewide  
1-800-643-8258

<https://dhs.arkansas.gov/dds/firstconnectionsweb/#fc-home>

Offers: *Early intervention services such as assistive technology/adaptive equipment services, audiology, family training, counseling, home visits, occupational therapy, social work, and speech-language pathology services.*



### Arkansas Hands & Voices / Guide By Your Side

Statewide  
501-932-7700

<http://arhandsandvoices.org/>

Offers: *Educational seminars from methodology choices, networking with other parents in your area, advocacy training, transition early intervention to preschool, deaf culture, and transition from elementary school to middle school/Junior High. Opportunities to meet with Parent and D/HH Guides and receive educational advocacy support.*



CHILDREN WITH CHRONIC HEALTH CONDITIONS  
Title V Children with Special Health Care Needs

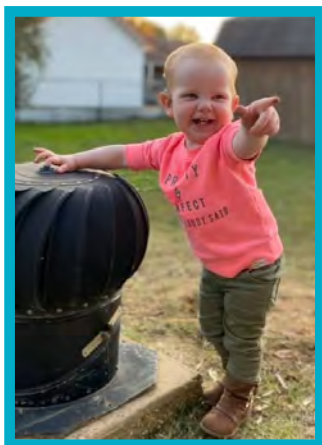
### Children with Chronic Health Conditions

Arkansas Department of Human Services  
Phone: 1-800-482-5850 ext. 22277

<https://humanservices.arkansas.gov/about-dhs/ddds/childrens-services-information/title-v-children-with-special-health-care-needs-cshcn>

Offers: *Targeted case management services to assist families in accessing medical, social, education and other services appropriate to the child's special health care needs.*

# Meet successful children in Arkansas who are deaf or hard of hearing.



**Aubrey**  
Age: 18 months  
From: Beebe, Arkansas

Matthew and Haley have three children, Kayden, Bradley, and Aubrey. Haley says, "When we first found out Aubrey had severe/profound hearing loss bilaterally, I was heartbroken by the unknown. I didn't know what the future would look like to her, but I knew it was going to be bright!"

Aubrey began speech therapy as soon as she received her hearing aids at 3 months of age. Once she turned one, she received her first AB implant in her right ear. Now, at 18-months, she is currently still aided in the left ear.

Some of Aubrey's favorite activities are listening to and dancing to music, having books read to her, playing outside, coloring, climbing, and chasing after her brothers. Aubrey has several words that she uses spontaneously as well as a few signs.

"With our dedication to her as parents, her drive and desire to communicate, plus the immense help of her therapist, Aubrey is developing within "normal range" with her peers.

Aubrey receives services from Arkansas School for the Deaf - Statewide Services "Early Leap" program.



**Naylia**  
Age: 6 years  
From: Little Rock, Arkansas

Hi! My name is Naylia. I am 6 years old and I am in Kindergarten.

I am very smart! I am learning to do addition and read books. I love my teacher, and I wake up excited to go to school each morning.

At home, my favorite thing to do is riding my new unicorn scooter and doing gymnastics. I also like to play games with my family.

I am profoundly deaf and use sign language to communicate. I have many deaf family members and love to call them on Facetime to chat. I also am learning to use my voice to talk.

I wear glasses because I have low vision in my right eye. My school is the Arkansas School for the Deaf LEOPARDS, so I like to wear leopard clothes!

I want to grow up to be a teacher. I will be a really good teacher because I practice on my dolls and my Grandpa!



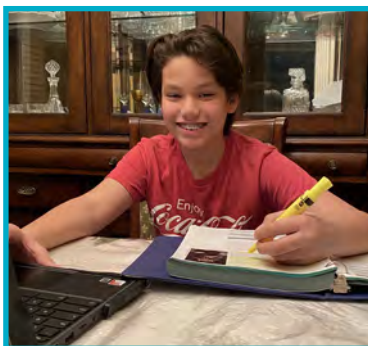
**Leo**  
**Age: 12 years**  
**From: Cabot, Arkansas**

My name is Leo and I am hard of hearing. Right now, I go to Cabot Middle School South where I am an Honor Roll student and part of the yearbook staff. This is my first year returning to public school after attending Arkansas School for the Deaf for three years where I also had extra help with reading and speech therapy.

My current hearing status is Bilateral Moderate-Severe Progressive Sensorineural Hearing Loss (that's a mouthful!), and I wear hearing aids in both ears. I started using American Sign Language (ASL) when I was seven years old, and

I still use an interpreter in large groups or events. I like to play video games, draw, and paint. When I was younger, I earned a Black Belt in Taekwondo and then wrestled for 2 years.

I was also selected to be a member of the AR Future Leaders Council with Representative French Hill; and now, I am currently interested in attending law school to possibly be president one day.



**Shannon**  
**Age: 19 years**  
**From: Maumelle, Arkansas**

I graduated from Arkansas School for the Deaf as the valedictorian in 2019. I'm currently a sophomore at the University of Central Arkansas. There, I'm part of the Schedler Honors College on a full academic scholarship.

I am majoring in Psychology, as I plan to be an ASL-using mental health care professional. I was born to Deaf parents and identify as hard-of-hearing.

Being raised by Deaf parents allowed me to recognise from a young age that Deafness is not a barrier to success. Because I attend a predominantly hearing college, I wear hearing aids and use the services provided by UCA's Disability Resource Center.

I enjoy spending time with family and friends and learning about subjects of interest to me, such as psychology or the humanities.

My accomplishments include graduating high school with twelve hours of college credit, winning Miss Deaf Teen America, and advocating for House Bill 1471 to promote mental health services for the Deaf.





**Alex**  
**Age: 4 years**  
**From: Bentonville, Arkansas**

Hi! My name is Alex and I am 4 years old. I was aided in both ears at 3 years old. I failed my newborn screening, had inconclusive hearing tests, passed some hearing tests, and finally received confirmed results at 3. Once I was diagnosed, it wasn't long until I was aided. I call my aids my Super Ears or Lion Ears.

I didn't like to have my Lion Ears put in at first, but M&M's and lubricant helped. After about a month, my mom and I were both adjusted and I didn't need the incentives any more. My teachers at school help me take out my Lion Ears for nap time and then put back in when I wake up.

I was speech delayed before my diagnosis so I was in speech therapy when I was 2. Now, my mom, dad, and I see a HOH speech therapist for parent led training once a week via tele-therapy. I also go to speech therapy twice a week in person. I have improved a lot but still have trouble pronouncing sounds that I could not hear before.

My favorite things are dinosaurs, Paw Patrol, riding my bike, having books read to me, trains, playgrounds, and puzzles. I also love building with blocks. I love my brother Evan, my 2 dogs, cat, and mom and dad.



**Levi**  
**Age: 3 years**  
**From: Rudy, Arkansas**

Levi was born with severe conductive hearing loss of the right ear with unrestricted hearing of the left ear. A thin amniotic band that appeared to have contact with Levi's right ear/head was discovered at a follow-up ultrasound. He was later diagnosed with Hemifacial Microsomia, Microtia, Aural Atresia, and OAV (Oculo-Auriculo-Vertebral). He struggled with numerous developmental delays as well and has been wearing a BAHA (Bone-Anchored Hearing Aid) since he was 5 months old.

Levi is three years old and has been receiving therapy services since he was 15 months old. He attends In-Sync Pediatric Therapy Center, as well as Arkansas Children's Northwest for Auditory-Verbal Therapy and Speech Therapy. We are thrilled with Levi's remarkable progress and after countless hours of therapy and working tirelessly at home he communicates mostly with words and sentences.

Levi is such a good-natured and happy little boy. He absolutely loves to be outside and enjoys playing with other children. Some of his favorite activities include books, building blocks, coloring, and interacting with tractors.

Levi has such an amazing support system and a truly wonderful team of therapists, doctors, and nurses. We are beyond grateful for all the love and continued support throughout this journey.





# Infant Hearing Program Resource Guide 2021

