

# How to Evaluate Your Child's Auditory-Verbal Therapy

## A Parent's Guide, Ages 0-6

### I. The Auditory Environment in the Home and Clinic

Does your auditory-verbal clinician demonstrate the establishment of an auditory environment by:

- A. Speaking to your child even when his/her eyes are focused away from the clinician's face?
- B. Drawing your child's attention to environmental sounds when they occur?
- C. Teaching your child by performing a variety of listening activities, such as listening to sounds at a distance, whispered speech, tape recorded music and speech, different voices, sounds in quiet and noisy environments, and listening to speech behind your child's back?
- D. Explaining language, speech, and listening skills in words you understand?
- E. Including you and other family members in the therapy sessions?
- F. Teaching you how to make hearing aid checks daily and whenever changes in auditory behavior occur?
- G. Observing and coaching you as you speak to your child, pointing out problems and solutions?

### II. Amplification

Does your auditory-verbal clinician work to maximize your child's use of residual hearing through consistently worn hearing aids and other amplification equipment by:

- A. Following the AVI protocol for audiological management of your child?
- B. Explaining the functioning and management of the hearing aids, ear molds, and FM systems?
- C. Re-making earmolds until a satisfactory fit results so that your child can use the gain supplied by the hearing aids?
- D. Requiring periodic evaluation of your child's hearing and hearing aid?
- E. Obtaining the most appropriate fitting of the hearing aids through audiological information and behavioral observations using various hearing aids?

### **III. Normal Speech and Language Development**

Does your clinician encourage speech and language development by:

- A. Knowing that most profoundly hearing-impaired children can hear speech through hearing aids and can learn to talk?
- B. Talking naturally with your child, speaking without exaggerated facial (especially mouth and tongue) movements and without sign language?
- C. Emphasizing the sounds of speech used with your child in auditory age-appropriate syntax and content?
- D. Using natural expressions appropriate to the child's age and language level and the activities being presented?
- E. Including familiar storybooks, nursery rhymes, songs, and other culturally based materials in therapy?
- F. Understanding normal child language and speech development?
- G. Taking turns in therapy to give your child time to process what was said and time to respond?
- H. Encouraging your child to use babbling and jargon as normal hearing infants do rather than pushing the child to imitate words?

### **IV. Learning Behaviors**

Does your auditory-verbal clinician point out behaviors which indicate that your child is using sound for learning by:

- A. Noting to you the evidence that your child perceived some aspect of speech or other sound signal whenever your child makes a response?
- B. Helping your child know that you expect a response to sound?
- C. Allowing your child time to respond to sound through the use of appropriate pauses?
- D. Not touching or tapping your child for the purpose of getting your child's attention, particularly when an auditory cue, such as calling the child's name, has been given. Your clinician should cover her ears or touch the child's ears and remind the child to listen.

### **V. Program Management and Planning**

Does your clinician help you understand auditory-verbal goals and procedures by:

- A. Emphasizing that the primary therapeutic goal is training your child's mind to be aware of, attend to, and use sound? Speech and language activities are founded in this mental training.

- B. Explaining and following the sequence of listening activities ranging from: 1) initial response to loud sounds; 2) from easy to more difficult auditory discrimination tasks; 3) and from short attention span to longer processed units of auditory language?
- C. Noting your child's changing vocalization patterns and responses to sound?
- D. Keeping accurate notes and/or videotaped records of your child's progress?
- E. Using the information about normal hearing children's language and speech development when discussing your child's progress?
- F. Having a friendly, straight-forward relationship with you, giving suggestions in a helpful manner?
- G. Coordinating services with other professionals who may be involved with your child?