Welcome to the first SERUpdate for 2006.

In response to client needs, SERU will now be opening across the year, with a short closure at Christmas. We expect to see more of those of our clients located in rural and country areas and those in outer metropolitan areas.

Rita Al-Doody, Project Officer, Curriculum Resources, a long standing staff member of SERU, has taken up a teaching position at Kilkenny Primary School. We thank Rita for 10 years of dedicated service and wish her well in her new position.

In this SERUpdate we focus on hearing loss and feature a number of articles from District Coordinators – Hearing Impaired and our own Early Intervention Service – Hearing Impaired team.

Ruth Motley—Manager

**EARLY INTERVENTION SERVICE—HEARING IMPAIRED**

The Early Intervention Service – Hearing Impaired (EIS-HI) is a team of trained teachers of the Deaf who are committed to providing the best possible early intervention and support program for families with young hearing impaired and Deaf children (birth to 5).

The EIS-HI team recognize that parents are the main educators and decision makers for their children. Therefore the team provides a unique individually negotiated program reflecting the family’s communication choice. The team works with the family to provide a program which promotes the listening, language and speech development of their hearing impaired child.

This support is provided in a range of settings, including homes and early childhood centres according to need. The level of support is negotiated depending on the degree of hearing loss, other disabilities and involvement of other services.

The EIS-HI team also provides professional development, support and advice to staff in early childhood settings with an enrolled child with a hearing impairment. On request the team provides collegial support to Coordinators, Hearing Impaired who are working with children in the early years from birth to 5yrs of age.

Referral to the service is through the DECS Consultant Guidance Officer (Hearing Impaired). Recently implemented, the Neonatal Hearing Screening Program is resulting in newborn babies with a hearing impairment being referred within the first few days of life, which enables the earliest possible intervention and support.
Children diagnosed later are referred via the DECS Single Referral Form which is sent to the District office and Consultant Guidance Officer (Hearing Impairment).

Services offered to families are detailed below. The team provides information regarding:

- Hearing impairment and its implications.
- Child development, with a focus on language, and a system of recording the child’s growth and achievements from 0-3 years.
- Available educational settings.
- The use and maintenance of auditory equipment such as hearing aids and cochlear implants.

The EIS-HI team liaises with:

- Australian Hearing.
- Women’s and Children’s Hospital Audiology Department.
- Other agencies supporting the family.

EIS-HI also offers support to children of deaf adults (CODA) who have a speech and or language delay

The Early Intervention Service – Hearing Impaired is part of Learning Improvement and Support Services and are based at the Special Education Resource Unit (SERU), Henley Beach.

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The Monitoring protocol for deaf babies and children (Department for Education and Skills, UK, 2004) is a set of materials developed in the United Kingdom through the Early Support program. The Program aims to achieve better co-ordinated, family-focused services for young children with disabilities and their families across England. In 2005 the EIS-HI team undertook an action research project to trial and evaluate the Monitoring protocol documents in the South Australian context.

The Monitoring protocol for deaf babies and children is made up of four sets of materials:

- How To Use Booklet
The documents were designed to be held by the family and used as a basis for discussion with support professionals. They enable observations to be shared between the family and visiting teacher which both informs the intervention programme and provides a record that tracks development over time. In conjunction with Universal Newborn Hearing Screening, the documents provide a powerful tool which empowers parents and strengthens the parent-professional partnership.

The trial was conducted with eight families of children whose hearing loss ranged from mild to profound and were between the ages of five months and two years when the study commenced. Six themes emerged from the trial and are documented below.

Theme 1. Record Keeping
Families were provided with the complete set of documents in the belief that this would reinforce ownership of the materials and thus support families to feel empowered as their child’s main educator. For one family this was overwhelming so it was negotiated that they only be supplied with the sections currently being used. This experience caused a rethink on how the materials were introduced. When offered a choice of the complete materials or just the Level 1 materials however, all subsequent families opted for the complete set. Interestingly the first family also chose to receive the complete set after using it for a few months. Most families chose to do their own recording during discussions with the visiting teacher, although some also did use the materials and record between visits.

The Level 2 materials were designed to be used with the intervention professional as they were written using professional jargon.

Theme 2. Time Management
Relationships are a crucial element in working successfully with families and there was a need to balance the time spent discussing the Monitoring protocol and building and maintaining good relationships. During the trial it was difficult to find “quiet time” for discussion because of the demands of children and also to include demonstrations and coaching during the intervention session. Parents also sometimes just wanted to talk about family and other issues related to hearing impairment. While time management seemed more of an issue for the visiting teacher. Families valued the relationship over keeping up to date with the Monitoring protocol process.

Theme 3. Commencing with older children
This theme concerned four children who were between the ages of 21 months and 2 years when their families began using the Monitoring protocol. It took several visits to determine the starting stage for these children. The visiting teacher trialled two methods of commencing:

- predicting the appropriate Level 1 stage or
- predicting the Level 2 check that would precede the child’s appropriate Level 1 stage.
Commencing with the Level 1 materials, which contain accessible language for families worked best. When commencing with the Level 1 materials mothers usually had little difficulty deciding their child’s appropriate commencement stage. There was a tension for the visiting teacher however who wanted to start the actual intervention programme without delay, it was important to adhere to the process of discussion to determine intervention needs because the process developed the common understandings that strengthened the parent-professional partnership.

Theme 4. Trusting Parents’ Judgment
This theme concerned the way in which parents and the visiting teacher determined whether a child had achieved the milestones described in the Monitoring protocol. The visiting teacher needed to accept that parents do know their child best and that she did not have to see the child performing the skill; that if the examples that the parents described fulfilled the criteria then the behaviours had been achieved. Early intervention professionals have limited time with families and young children take time to “warm up” and do not perform on demand! Sometimes, very young children are not even seen during a visit because of sleep or other family routines!

Theme 5. Issues Related to the Materials
The materials were developed in the United Kingdom (UK) and there were differences between the South Australian and United Kingdom contexts. The first issue related to the different place of production for the vowel /oo/ which is a central vowel rather than a back vowel in Australian English. In South Australia this also has implication for the Seven Sound Test which has the sound /or/ added so that a back vowel is included in this speech perception test. The second issue related to the use of sign language development. The Monitoring protocol for deaf babies and children refers to British Sign Language (BSL) while the language of the Deaf community in Australia is Auslan. However, this is not really an issue since developmental stages are described rather than actual signs.

Theme 6. Strengthening of Parents as Partners
While the mothers were the main contacts during the study, there were signs of whole family empowerment as well as the strengthening of the parent-professional partnership. This was demonstrated through:

- Families feeling a sense of control over the intervention program.
- Family assertiveness in the family-professional relationship
- The degree of influence on family involvement and interaction with the child.

For example:
- A mother whose child was in child care suggested phone discussion of the Monitoring protocol. She also suggested goals for the child care staff and provided myself with copies of her records.
- A parent who recorded information between visits referred to her use of the glossary when she wasn’t sure of meanings.
- Families initiated and negotiated changes to visit arrangements. Two families suggested fortnightly visits rather than weekly would meet their child’s needs. Another family suggested using occasional care sometimes which enabled “quiet time” in order to discuss the Monitoring protocol.
One mother described how she referred visitors to the “fridge cards” so they would support the child’s development. Others, by describing the ways fathers interacted with their child, revealed that the Monitoring protocol use was influencing family interactions.

Discussion of the Monitoring protocol determined the need for intervention and the strategies and resources suggested. Two parents felt comfortable rejecting resources offered as they did not feel they would be useful for their child.

The use of the Monitoring protocol also seemed to foster positive family attitudes to their child’s development. The Monitoring protocol is structured in a way that allows parents to see development in very small incremental steps and in many different ways in the five areas of development. It is also inclusive of all degrees of hearing loss, oral and signed communication and of other disabilities.

Through the Parent-Child Interactions tables parents are reassured that they are supporting their child’s development.

Future Directions
It was recognized that there was a need to consider the monitoring protocol was suitable for culturally diverse groups of families and the modifications would need to be made.

During 2005 all EIS-HI staff used the Monitoring protocol with their client families. These families were surveyed in December with the majority of families finding the tables checklists user friendly. Their detailed response will inform future directions.

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The figures are fairly alarming… According to Australian Hearing … one out every three primary school age children will have some form of conductive hearing loss at any given time. The degree of hearing loss is sometimes described as mild or moderate which doesn’t sound too bad. You can effectively replicate a mild loss by putting your fingers in your ears or by using ear plugs. Give it a try, get some ear plugs and try spending a sustained period of time with them in place. This should give you some perspective of what it feels like to have a mild conductive loss. I hope you’ll agree it would be fairly frustrating for the children experiencing the loss. Now consider this, I haven’t met many teachers who would tolerate one third of their class walking around with their fingers in their ears! Let’s do something about it.

We can get bogged down trying to work out who has a hearing loss and, though the medical intervention is critical for the students’ health, time is ticking educationally for these students. As educators we can do something about it now.
What Can Be Done - Part A

The immediate concern for teachers is how to know which children are experiencing this fluctuating loss. This is fraught with issues. There are resources available involving games and checklists that can help identify students with a current hearing loss (see Resources below). The child needs to have their hearing assessed and is likely to require some medical intervention. Free hearing screening tests are available from the local Child and Youth Health clinic. Bear in mind the hearing loss fluctuates so even if the hearing is tested a child may demonstrate normal hearing at the hearing test and then a few days later may have a mild loss due to middle ear infection (Otitis Media (OM)). Some children do not complain when they have an ear infection so adults in their life may not know about it. Those children with recurrent or chronic OM may actually think that the ear infection pain (and resulting hearing loss) is a normal state of affairs and won’t report it to their parents or teachers. Irrespective of whether you have a confirming hearing test you can rest assured that in any primary school class you have children with a hearing loss that you may not know about. This is problematic for teachers because our curriculum is very auditory, however all is not lost!

Accommodations can be used in the classroom to help in the delivery and reception of the curriculum. Have a good look at your classroom and consider the acoustic environment. Have a look at your listening area, is it in the best place for listening in the room – is it away from doors, corridors? Consider the physical attributes of the room. If there are a lot of hard shiny surfaces, cover then with soft, textured materials to reduce reverberation in the room – children’s art/craft work is perfect. Can you negotiate with school leadership for window coverings to reduce reverberation? Switch off the air conditioner/heater when giving instructions to reduce competing background noise. There are many more accommodations to consider – please consult with your school’s Hearing Impairment Coordinator (HIC) – s/he would love to give you more information.

Teaching Strategies can be used in the classroom to help in the delivery and reception of the curriculum. Approximately one third of English speech sounds are visible through lip patterns. Facial expressions, gestures and body language convey a lot of meaning and context. Give the children full access to the visual clues on your face because this can supplement the auditory message and in some cases actually replace it. Make sure your face has light on it when speaking. Avoid having your back to the window, this will cause a halo effect and your face will be in shadow. Face the children when speaking, try to avoid speaking whilst writing on the white/black board. Try not to obscure your face when reading from a class novel, big book or poster. Use lots of visual aids in the classroom, list key points on the board – visual messages have a permanence about them whereas auditory messages are ‘fleeting’. Provide outlines and vocabulary for new and complicated topics. Once again consult with your District’s HIC – they have many more strategies to consider.

You will note from the above accommodations and teaching strategies that they are just good teaching practices and as such if you adopt them they will have benefit for every child in your room. The answer for the immediate problem of what can be done lies in applying good teaching practice.
What Can Be Done - Part B

A more topical concern is the lingering consequences of a fluctuating conductive hearing loss as a result of OM. In my experience there are a number of children who have a history of fluctuating conductive hearing loss as a result of recurrent or chronic OM but present with normal hearing and therefore are not eligible for support from the HIC. What’s the problem, their hearing is normal they should be fine! Sadly, this is not the case.

There are implications for language development. If a child has a history of fluctuating conductive hearing loss as a result of recurrent or chronic OM there is a very good chance that they have been suffering from it since infancy. The peak incidences for OM are at 6-12 months (teething), approximately 3 years (starting preschool) and 5 years (starting school). Unfortunately this coincides with what is considered one of the most critical periods in the development of the child’s spoken language. Spoken language is the primary form of what schools are all about – reading and writing. Hearing loss interferes with your ability to enter into and maintain conversations. Conversation is the place where oral language is acquired before the child has formal schooling. Sometimes these children present with problems in the development of their literacy skills.

The use of phonological awareness assessments can help identify these students in need of intervention. It can help inform programming for these students and it can provide useful information in terms of grouping students with very specific needs in the area of literacy intervention at an early age. This can assist schools develop effective short term programs using learning difficulties money or utilising school programs such as LAP. There are a number of assessments available that tap into children’s phonological awareness (See Resources below). Your District’s HIC may be able to help you get started in this area.

A screen of phonological awareness may reveal a student at risk of literacy failure irrespective of whether they have a hearing loss or not. This is just good teaching practice – using assessment to identify students at risk and to inform your programming to use resources wisely.

Summary

Adopting good teaching practices is a worthwhile intervention for dealing with the issue of Fluctuating Conductive Hearing Loss. This will have benefit for all members of your class. Students with chronic or recurrent middle ear infection still require medical intervention but by adopting good practices you will be catering for the needs of these students and the unidentified students with hearing loss in your class – remember “… one out of every three…”

Useful Resources

Screen of Phonological Awareness (SPA), Stephanie Mallen, Department of Education Training and Employment, Adelaide, 1998

Sutherland Phonological Awareness Test – Revised (SPAT-R), Roslyn Neilsom, Language, Speech and Literacy Services, N.S.W., 2003

Ear Troubles Kit, Damien Howard, Phoenix Consulting, N.T., 2004

Do You Hear What I Hear, Department of Education, W.A., 2003

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Children With Conductive Hearing Loss—
How and Why Sound Amplification Helps

Paul Edgeworth, Coordinator—Hearing Impaired, Limestone Coast

Conductive hearing loss in children is quite common and may have a significant impact on the development of listening skills and consequently receptive and expressive language development.

Conductive hearing loss is most commonly caused by a middle ear condition. Either

- Eustachian tube blockage — the tube that links the back of the nose with the middle ear. Some children’s eustachian tube ‘muscles’ have difficulty opening the tube to let air pressure to change in the middle ear space.

OR

- Infection in the middle ear space.

A common experience of temporary hearing loss most of us can relate to is the pain or discomfort experienced in our ears when we ascend or descend in an aircraft or when driving up and down hills.

To enable normal listening function the ear needs the pressure in the middle ear space to be the same as the pressure in the external ear canal. The membrane that separates the middle ear and the ear canal is the eardrum.

What is happening when the Eustachian tube doesn’t function properly and it remains closed?

- The oxygen in the middle ear cavity becomes depleted as the surrounding tissue uses it
- This creates a vacuum, which pulls the eardrum tighter and tighter inwards — producing a retracted ear drum
- This process can continue until all the oxygen is used up and the evacuated space actually draws sterile fluid from surrounding tissue into the middle ear.

This fluid may interfere with the 3 bones in the middle ear and slow down their movement.

- The fluid can become progressively thicker, with the bones that should be moving in an air space becoming almost immobile in this sticky fluid — a condition the doctors often refer to as ‘glue ear’.
- This condition can also be caused by enlarged adenoids or swollen membranes and from allergies.
- This condition may or may not be painful for the child. That is, there may no indication the ear is malfunctioning other than the hearing loss — which in fact may be intermittent and appear as though the child is ‘only tuning in when they want to’.

Middle ear infection, often related to an infected runny nose, heavy cold or upper respiratory tract infection, is very common in younger children. At times more than half a class of young children may have this condition! The infected fluid immerses the 3 bones in the middle ear space as well as causing the eardrum to be stretched outwardly into the ear canal. Often a child complains of a sore ear only at the point the eardrum is about to burst. If the eardrum does burst the pain ceases and the ear drum returns to its normal shape. However there still may be infected fluid in the middle ear, which restricts the bones’ movements. This process may repeated frequently. These children are also generally ‘unwell’ which means that their general learning functions may be affected eg: concentration and energy levels.
CHILDREN WITH CONDUCTIVE HEARING LOSS—
HOW AND WHY SOUND AMPLIFICATION HELPS

Whenever there is restricted movement of the eardrum and/or the three bones of the middle ear there will be a hearing loss.

Some children’s hearing loss can be up to 60dBA during some of these bouts. 60dBA is about the volume of a normal person’s speaking voice heard at one metre. So if this is what is happening it means that the child will hear virtually no language at all – just some environmental sounds unless the speaker raises their voice or comes closer to the child. This is the worst-case scenario but it does happen and can be continuous for days, weeks or longer and can recur often for some children. Other children are less dramatically affected but their hearing is still significantly compromised.

As these conditions become more or less severe what the child hears changes i.e. the message may actually be heard differently. Some words may sound different because sound elements to the word are present or missing.

One effective strategy to assist these children is the use of a range of sound amplification systems. They work by increasing the sound volume energy, which in turn vibrates the stretched eardrum more, which in turn more successfully moves the bones surrounded by fluid in the middle ear. Improved hearing is likely.

Amplification systems may include

- Free government hearing aids fitted by Australian Hearing.
- A free personal transmitter /receiver (FM system) fitted by Australian Hearing.
- A Sound Field Amplification System funded locally. This system consists of a microphone, amplifier and four room speakers. It increases the teacher’s voice volume and floods the whole classroom with sound. All children receive the same level of amplified sound no matter where they are in the classroom.

Children with a conductive hearing loss need extra volume. Sound amplification systems assist.

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It is probable that significant numbers of children/students with fluctuating conductive hearing losses are not diagnosed and fail to access appropriate medical treatment and educational accommodations.

DECS employs trained Teachers of the Deaf to assist teachers and parents understand implications and adopt strategies to compensate and help children/students with all kinds of hearing losses stay connected with their environment.

To access this service sites are directed to send medical documentation with referrals.

Because of difficulties getting medical information, especially for children/students with FCHL, some Coordinators: Hearing Impairment use a pre-referral consultation to work with sites/parents/carers to seek formal documentation and parents can be encouraged to actively seek reports from specialists.

Sites can contact their Coordinator: Hearing Impairment for support and suggestions about ways to raise community awareness about the relationship between engagement, learning and hearing.

Fluctuating conductive hearing loss (FCHL) associated with middle ear trouble is a very common childhood ailment. Some sources cite up to 25% of students in early childhood have FCHLs that impact negatively on their engagement and learning.

For many, hearing aids and sign language indicate real hearing loss, while temporary hearing loss is often considered to be insignificant.

FCHL can potentially be more serious than some permanent hearing losses. While not life threatening, the implications of FCHL can have a life long affect. FCHL can be devastating to academic, cultural and emotional development especially in young children when it persists, is ignored or keeps re-occurring.

In many cases an uncomplicated operation (insertion of tubes or grommets) can rectify middle ear problems causing FCHL. Private patients generally have the operation within days or weeks after diagnosis. Parents usually notice immediate improvements in their children’s behaviour and communication. Some children in the public system, however, wait up to eighteen months for corrective surgery.

Parents may assume that if their child’s hearing loss was really significant, their child would be treated earlier than twelve to eighteen months. Thus at times parents may not inform the kindy or school that their child has problems with FCHL and is waiting for surgery. Teachers are consequently unaware of the child’s/student’s problem, of implications of FCHL and what classroom strategies to use in the interim.

Eighteen months of substandard audio reception. Can you imagine listening to the news or the footy under water for all that time? What is it like at school, not hearing friends easily or the teacher clearly? Eighteen months of missed learning opportunities.
FLUCTUATING CONDUCTIVE HEARING LOSS—
REFERRAL IS IMPORTANT

Even a “mild” loss, or “just” a loss in one ear can place children at significant risk for difficulties with learning and can impact on behaviour and self esteem.

DECS staff can be proactive. It may be useful for DECS staff to let parents know that if their child’s hearing is compromised in any way it is important that the parent asks for a letter to be sent to the school and preferably to a specific person. Writing on an envelope the principal’s name and school address should result in a letter from the child’s Ear Nose and Throat specialist.

Principals are encouraged to refer students with suspected hearing loss to Student Support and Disability Services (Hearing Impairment).

Even though FCHLs are usually temporary, the temporary tag should not be confused with insignificant. If hearing loss is suspected, many Coordinators: Hearing Impairment will work with sites, students and parents to get appointments to resolve underlying medical issues.

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HEARING TESTS—A COLLABORATIVE EFFORT

It is well documented that many students who have, or have had, a conductive hearing loss, experience difficulty learning in the classroom. The associated long-term consequences of conductive hearing loss are also being identified.

It is also well known that there is a higher incidence of conductive hearing loss among Indigenous students. However Indigenous students with a conductive hearing loss are not always identified, so valuable intervention programs are not implemented, and the well-being of these students is compromised.

In an effort to provide hearing tests at school sites for Indigenous students, I approached Linnett Sanchez who is the Associate Professor in the Department of Speech and Audiology at Flinders University. Linnett was keen to have her students, under her supervision, participate in a trial hearing testing program during term 4, 2005. Such a program would be mutually beneficial:

- Audiology students are required to gain a specified amount of clinical experience in order to qualify at the end of their course.
- Indigenous students would have any hearing difficulties identified and 3. Hearing Impairment Services would have specific information to generate Professional Development in schools and to inform parents.

Schools in the Beach Road Cluster were targeted as these were the schools with the greatest number of Indigenous students in the Southern Sea and Vines District. Initially contact was made with the Principal in each school and their consent sought for the program to operate in their site. Each principal nominated a site contact person. This person was usually the Aboriginal Education Worker (AEW). Their role was critical in ensuring information was distributed to parents/care givers and that signed student consent forms were gathered back at the school.
I also made contact with the Manager of the Australian Torres Strait Islander (ATSI) Health Team, Theresa Francis. Initially we met for me to inform her about the hearing testing program and to seek her support of the project during the course of her work within the Aboriginal community.

With all participating groups – the audiology students under Linnett, the schools and key personnel within the schools, the ATSI health team and hearing impairment services – working together, the trial project in the Beach Road Cluster of schools was extremely successful. Parental consent was gained from the vast majority of parents, particularly in the primary schools, and written reports, for each student tested, were delivered to parents/care givers by school personnel.

Planning is in progress to ensure those students who need medical or testing follow-up are serviced. This is most likely to be done through Flinders Hearing Centre with transport being supplied by the ATSI Health team, if necessary. Likewise, students who have been identified are known to Hearing Impairment Services (HIS) and the intervention process can start.

In 2006 we are expanding the testing program. It is intended that all schools in the Southern Sea and Vines District, where there are Aboriginal students in attendance, will be approached so that testing may be offered.

The issues are not only about making sure a particular student has heard every word in a particular lesson. The well being of these students will be enhanced if we can address their need to develop literacy and language skills that allow them to read to learn rather than simply learn to read. (Prof. Greg Leigh). The long term consequences of CHL contribute to many young people being denied the opportunity to reach their full potential. This collaborative project is designed to address this, at least in part.

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A survey of Teachers of the Deaf and Coordinators Hearing Impairment conducted by Support and Intervention Services in late 2004, showed that expertise available to the hearing impairment field would decline in the absence of a source of fresh blood.

Working with the Australian Association of Teachers of the Deaf (AATD), Support and Intervention Services considered the needs of the field and possible ways to increase the availability of expertise. It was decided that a locally delivered, postgraduate certificate was the most viable offering.

Consequently Renwick College (affiliated with the University of Newcastle) was contracted to provide the Graduate Certificate, and funding was secured to support twelve applicants. The program begins in early March. Three of the courses will be delivered in intensive mode, usually at the Education Development Centre. The lecturers providing the courses are recognised as leaders in their field.
GRADUATE CERTIFICATE IN EDUCATIONAL STUDIES—HEARING IMPAIRMENT

Semester 1:
- Educational Audiology, Speech and Auditory Development—Dr Rod Beattie
- Language and Communication Development for Students with Hearing Impairment—Dr Rod Beattie

Semester 2
- Auditory/Oral Programming for the Hearing—Impaired Child—Dr Jill Duncan
- Language and Literacy in Deafness and Hearing Impairment—Prof Greg Leigh

Successful completion of the Graduate Certificate is equivalent to half of a Masters in Hearing Impairment. The AATD is offering to provide support for participants in their studies.

Renwick College has indicated that a limited number of places are available for those wishing to undertake single courses, at their own cost. Each course costs $950, plus service fees charged by University Admission Centre ($41) and the University of Newcastle ($36) during enrolment. The application/enrolment process is the same as for other students, and single course students are not penalised in anyway. For more information about enrolling for single courses, contact Claire Farrington, Distance Education Co-ordinator, Mon/Tue/Wed/Thurs 9.00am - 3.00pm, Phone: 61 2 9872-0811.

Contact: Quenten Iskov, Project Officer: Disabilities (HI)
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DECS CONTACTS

For advice or information about resources or professional development regarding students with conductive hearing loss, please contact your District support staff.

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## Hearing Impairment Coordinators

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WEBSITES

http://www.earlysupport.org.uk/ Early Support/Helping Every Child Succeed/
This website is targeted to those who work with young children with disabilities and their families. It has been developed as part of the collaborative Early Support program sponsored by the Department for Education and Skills, the Department of Health and Surestart in the United Kingdom. It includes the Monitoring protocol for deaf babies and children featured in this edition of SERUpdate.

This website provides information on the range of services and programs developed for the Deaf community by Deaf SA.

TECHBITS

QuickPAD Pro - Portable Notebook Computer

For many students the standard laptops and computers can be more of a burden than a helpful tool. They are complicated to use, fragile, power hungry, expensive, heavy and can have too many distractions. The QuickPAD PRO can meet the needs of many users who simply want an inexpensive, simple solution especially if written communication is the major issue.

The QuickPAD PRO encompasses data entry, word processing, spread-sheeting, a typing tutor, a daytime scheduler and personal organizer. It will run for about 50 hours on 4 AAA batteries and communicates to a computer via an infrared device or USB cable.

The main strengths in the school setting are it’s low cost, portability and it’s lack of distractions. The QuickPAD PRO does not enable formatting of documents. This can be advantageous because it means that students can only format their work once they have completed their task. It frees up the schools computers and saves the frustration of teachers tearing their hair when they discover the student has spent half an hour adjusting the title of their work to bright green, bold, underlined lettering, in some obscure font at 72 point

The personal organizer can eliminate the use of a diary for individual students and an act as an informal communication device between home and school. The screen is larger than the traditional portable word processor and the font can be doubled in size for easier use. The spreadsheet pastes directly into Excel however the formulas need to be re-entered.

All upgrades of software and firmware are free and can be downloaded from the net. QuickPad are currently developing a word prediction program which will be released for free in the near future.

The QuickPAD PRO sells for approximately $500 ex GST and the smaller QuickPad IR sells for approximately $350 ex GST with discounts being offered for bulk purchases.

For further information contact Mike Bartram at QuickPAD Australia
PO Box 1240, Mount Barker, SA, 5251
telephone / fax: (08) 8398 2555 email: info@quickpad.com.au
This booklet aims to provide an introduction to working with deaf students in mainstream schools.

Deaf Studies Program P-7 Unit 2: Deaf People in Australia Today, Griffith University, 2003. 16-0373-01. 
This video and workbook can be used: for classes, Auslan classes, Interpreter training courses, Deaf studies classes. See also: 16-0371-01 Unit 1; 16-0373-01 Unit 3; 16-0374-01 Unit 4; 16-0375-01 Unit 5; 16-0376-01 Unit 6; 16-0377-01 Unit 7.

How A Cochlear Implant Hears (CD & Colouring Book), Cochlear Pty Ltd. 16-0362-01. 
This pack contains a CD and colouring book. The CD explains how a cochlear implant hears. The colouring book details how we hear and how a cochlear implant is placed and works.

Up! A Mother’s Journey to Freedom with Her Deaf Son, HEALY, L, 2002. 16-0378-01. 
This book details an Australian life story of a mother and her son and covers pregnancy, birth, infancy and childhood, adolescence and adulthood. The author has written it to foster understanding of deafness and it is told in a frank, confronting and humorous way.

Pocket Auslan Dictionaries 2: People, WILSON, L. 16-0358-01. 
This booklet, People, is part of the series Pocket AUSLAN Dictionaries. Coloured photographs depict various people signing words such as: ache, alive, bandage, behave. See also: 16-0357-01 Pocket Auslan Dictionaries—Animals; 16-0359-01 Pocket Auslan Dictionaries—Home.

DVD Talking Hands 1, Royal SA Deaf Society. 16-0363-01. 
Deaf SA’s Talking Hands Series provides a course of lessons in Auslan (Australian Sign Language). Each lesson consists of a DVD and a student workbook. See also: 16-0363-02 Talking Hands 2; 16-0363-03 Talking Hands 3; 16-0363-04 Talking Hands 4; 16-0363-05 Talking Hands 5.

DVD Beyond Ordinary: Growing Up Deaf, Deaf Children Australia, 2005. 16-0371-01. 
This DVD contains first-hand accounts from a number of participants who have grown up deaf or hearing impaired in Australia.

This handbook provides comprehensive information on all aspects of the practice of audiology in educational settings, focusing on children from preschool to secondary school level.

Ear Troubles (kit). 16-0360-01. 
The Ear Troubles Kit, based on research conducted by Damien Howard on the social outcomes of conductive hearing loss and auditory processing problems, describes social responses of children with listening problems commonly seen as behaviour problems and how they can be responded to.

Sing and Sign with Me, RYAN, A, 2002. 16-0345-01. 
This book provides 26 favourite nursery rhymes and songs with melodies, sign language and natural gesture. The signs are depicted in line drawings with a brief description of how to do the sign. The songs have music and the picture of the sign below.
RESOURCES: HEARING LOSS

This package, designed to consolidate awareness raising, knowledge and understanding of otitis media and conductive hearing loss, supports the CDROM. It assists educators in identifying the specific needs of students experiencing conductive hearing loss.

Teacher aides Working with Students with Disabilities: Book C Hearing. 16-0337-01.
This booklet, part of a series: Teacher’s Aids Working with Students with Disabilities, was developed by the Low Incidence Unit, Education, Queensland. See also: 19-0056-01 Autism Spectrum Disorder; 15-0039-01 Vision Impairment; 09-0178-01 Disabilities Studies; 17-0162-01 Speech-Language Impairment; 09-0179-01 Intellectual Impairment.

This 20 minute video shows how early intervention, together with a combination of new teaching techniques and the most recent technology, enables deaf children to learn how to listen and speak.

Education Guidelines Project: Effective Inclusion of Deaf Pupils into Mainstream Schools. 16-0334-02.
This book is designed for staff supporting deaf students’ in mainstream settings. See also: 16-0344-01 Effective Early Intervention for Deaf Children 0-5 and their Families; 16-0334-03 Using Residual Hearing Effectively

This checklist, the result of a project undertaken by Hearing Impairment Services, West between 1999 and 2001, documents the basic language forms and functions that learners may exhibit as they are developing skills in Auslan.

This thorough and reassuring book is designed to help parents make the best choice for their children. Each chapter is written by a professional and complemented by the personal accounts of parents who speak about their concerns, challenges and commitment to their children.

Video—Sound and Fury, SBS, 2000. 16-0322-01.
This 55 minute video, produced by SBS, profiles an embattled family at the epicenter of a war which is redefining the future of deafness. The conflict surrounds the cochlear implant.

A Review of Good Practice in Deaf Education. POWERS, S et al. 16-0322-01.
This book details the investigation into reported good practice in the education of deaf children and young people and was commissioned by The Royal National Institute for Deaf People (RNID)

This guide was designed to provide information to help professionals who work with children in educational and child care settings using the Nucleus 22 or Nucleus 24 Cochlear Implant System. See also: 16-0312-01 Parent’s Guide.

When You Child is Deaf, LUTERMAN, D; ROSS, M, 1991. 16-0257-01.
This book provides information to parents about the emotional processes of coming to terms with their child’s deafness. It also provides information on tests, different types of hearing loss, amplification devices and educational choices.

This dictionary of Auslan (Australian Sign Language) has a collection of over 5500 signs used within the deaf community of Australia.
Child Swing Canvas. 84-0410-01.
This square shaped swing made from acrylic canvas fabric has hardwood timber side poles with attached UV stabilized rope with a hanging hook. This swing can hold over 100 kg in weight. It is strongly recommended that it be used under supervision.

Motor Skills Basic Set. 84-0413-01.
This hard plastic, lightweight, colourful motor skills set provides a range of opportunities for a close physical interaction with the environment and promotes growth and learning through play.

Movement, a key factor in young children’s development can affect how they learn and feel. This book shows how to observe children as they move to allow for early identification of problems and sets out strategies.

This booklet aims to provide information and strategies that will assist workers to work effectively with people with an Autism Spectrum Disorder in their pursuit of open employment.

Practical Sensory Programs for Students with Autism Spectrum Disorder, LARKEY, S. 19-0092-01.
This practical guide for educators and families educating and meeting the daily requirements of a child/student with Autism.

Maths Skills for Living, VIZE, A, 2005. 64-1314-01.
This book containing photocopiable blackline masters is one of a series of two books designed to support educators working with teenage students who find maths more difficult to understand than peers of a similar age. See also: 64-131-02—Maths Skills for Working.

This reference book, with information broken into short, clear explanations and definitions, with each concept demonstrated by a worked example, is designed for secondary maths students.

First Aid In Numeracy, SHAW, R, 2004. 64-1313-01.
This book, covering middle and upper primary, contains blackline masters, games and activities designed for students who require extra practice and consolidation of fundamental mathematics concepts.

This collation related to numeracy includes articles about: proportional reasoning; children’s understanding of volume; misconceptions in mathematics and using the ARBs to help; teacher feedback; the meaning of ‘equals’; children’s numeracy strategies; fractions and multiplying; cognitively guided instruction; estimation.
NEW RESOURCES

This resource, produced by DECS contains stories about improving literacy and numeracy outcomes for learners: literacy and numeracy programs; interventions used by schools to meet the needs of all students; assessment and screening tools used to identify students' needs.

This series contains photocopiable activities for use at middle and upper primary with students with learning difficulties. The books introduce one concept per sheet, using simple language and clear, blackline illustrations making them easy to read and understand. See also: 65-0291-01 Understanding living Things; 65-0291-03 Understanding Physical Processes.

This hard plastic, colourful balancing board is suitable for children three years and up. The board can be gripped in both hands and manipulated so that the small balls move around the maze. Alternatively, the child can balance on the board by placing a foot on each end of the board and rotate the balls through the maze by moving their body and feet.

Tai Chi Balance Board. 84-0423-01.
This hard plastic, colourful balance board is suitable for ages 3 and up. Either the base or pattern inserts can be used for ball rotation; mounting the pattern insert over the base provides further play options.

This book contains a series of 70 step-by-step skill lessons with accompanying worksheets and activities and general information about social skills training and related issues.

This book of blackline masters is designed to teach children aged 5 to 8 how to develop their own answers to practical, everyday problems.

This social success curriculum, designed for students with special needs, focuses on assisting children to learn the cognitive skills behind appropriate social behaviour rather than teaching them a set of specific behaviours to enact.

This handbook, including photocopiable worksheets, offers ideas and strategies to teachers to assist children in the early years to develop the self-esteem and confidence required to establish relationships and manage inappropriate behaviour from others.

This video, with accompanying teachers notes, looks at disclosure, abuse and domestic violence.

How to Dazzle at Romeo and Juliet, CUNNINGHAM, P, 2005. 63-3063-01.
This book contains photocopiable worksheets for use with secondary school students, especially those with special needs. It uses word puzzles, crosswords, quizzes and other activities to help students' grasp the plot of the play, identify the characters and understand and appreciate the language used.
Mice Can’t Read: Why We Learn to Write Big Books, GORDON, M, 1999. 63-3054-01.
In this big book the story shows that the main characters writing skills help her through her adventures, while the mice and their friends get into all sorts of trouble because they cannot write.

These cards, designed by special educators to enable and enhance communication opportunities, focus on sensory and social emotional aspects.

This dictionary, including over 250 terms, gives detailed, accessible information on familiar grammar terms.

This book, designed for teachers and parents, offers accessible advice on the special educational needs of girls with ‘Rett Syndrome. It provides information about the syndrome and suggests strategies for planning a curriculum which may help to overcome the specific difficulties within the diagnosis.

The purpose of this book is to assist participants to become familiar with how to develop individual transition plans using personal future planning.

This book considers Development Coordination Disorders (DCD) in context of other specific learning difficulties. It also considers identification and management, and the implications of the diagnosis.

Inset Lacing Shoes. 86-0183-01.
This colourful, visually appealing resource designed to teach how to lace shoes, has a wooden base with three insets depicting a hiking boot, football shoe, sneaker. Each footwear representation has a series of pegs that provide anchorage for a coloured lace.

This book for parents and carers of children with an intellectual disability assists in deciding when a child is ready for toilet training. It describes a program that can be followed to assist with day-time toilet training.

PLEASE NOTE: