a team approach to

HEARING ASSISTIVE TECHNOLOGY*

*Also referred to as *Assistive Listening Devices (ALDs)*

This document was developed by an interprofessional workgroup of educational audiologists, speech-language pathologists, (SLP) and teachers of the Deaf/Hard of hearing (TODHH) with specific input from Kristina Blaiser, Kameron Carden, Kym Meyer, and Dana Kan to support educational teams' decision-making and compliance in serving children who are Deaf/Hard-of-Hearing in schools. A special thanks to the Educational Audiology Association (EAA), the Division of Communication, Language, and Deaf/Hard of Hearing (DCD) for the Council for Exceptional Children (CEC) and the American Speech-Language Hearing Association (ASHA) for assistance and support. EAA, DCD of CEC, and ASHA support the National Association of State Directors of Special Education (NASDSE, 2018) guidance regarding providers' approach to HAT.

HAT DEFINITION

- Enhances audibility by prioritizing a speaker's voice over distance and in noise
- Typically used in conjunction with personal hearing devices, such as hearing aids (HAs) and cochlear implant (CIs)
- Can also be used as stand-alone technology; specifically, sound fields/ classroom audio distributions systems (CADS)

EXAMPLES

These must be selected and fit by an audiologist: Individual Digital Modulation (DM)/Remote microphone systems, Sound field/CADs, Hearing Loop Systems, Auracast

SELECTION

The selection of HAT is based on team considerations, communication environments, and a child's individual needs. **Only an audiologist is qualified to select and fit HAT.**

Don't have an audiologist? See Wrightslaw below.

ASSESSMENT

Team members* assess child's performance across communication environments. Observations, standardized assessments, and audiological assessments are collected and shared.

VERIFICATION

Audiologist completes an evaluation and works with child and team to ensure the HAT is working so equitable access is provided across all communication environments.

CONSIDERATIONS

Team members* consider the different communication environments and partners throughout the day. Distance, noise, and access to information and social connection are considered.

VALIDATION

As part of IDEA (§300.113), the **team** is responsible for ensuring that the device is providing the child with equitable access across all communication environments. monitoring the use of HAT, and troubleshooting the devices,

***Team members should include the educational audiologist, speech-language pathologist (SLP), teacher of the Deaf/hard of hearing (TODHH), general education teacher, special education teacher, etc.**

TEAM ROLES

TEAM

- **Self-determination:** Teach and empower self-advocacy in educational and social settings.
- **Validation:** Collaborate to ensure optimal device use and access in different environments; Provide feedback when red flags* occur.
- **Accessibility Tools**: Monitor accessibility technologies (i.e., captioning and alerting systems) and accommodations
- **Daily Listening Checks:** Assign team member to perform and track daily listening checks.
- **Personnel Support:** Provide in-services to extended and general education team

AUDIOLOGIST

Assessment: Identify hearing type and degree, evaluate functional listening
Device Selection: Recommend appropriate HAT
Fitting and Configuration: Select, fit, evaluate, and verify devices for optimal performance
Training: Teach individuals how to use HAT effectively across settings

SLP

Audibility: Assess and provide feedback when access impacts understanding/production across communication domains

TODHH

Integration: Ensure child has access to general education curriculum, specialized instruction, and social engagement throughout the school day

Families and students should be included as part of the team and team members should all have experience working with children who are DHH.

RED FLAGS

Listening fatigue such as reduced sustained attention • Reliance on peers for following directions • Difficulty with peer engagement, particularly in noise and less structured settings • Slowed rate of progress or regression of previously developed skills • Avoidance or decreased use of HAT (e.g. social anxieties of being different)

Presence of a red flag means the team (including an audiologist) needs to take action to understand and address the cause.

Scan for References & Resources

EAA | ASHA - HAT for Children | ASHA - HAT | IDEA | NASDSE | Wrightslaw