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AURAL REHABILITATION
Communication Disorders 442 (3.0 credits)
Nancy Blair - 161 TLRB
801-422-7747 (office) – 801-592-5700 (home)

COURSE DESCRIPTION
This course is required for all undergraduate students majoring in Communication Disorders. This course meets the American Speech-Language-Hearing Association's (ASHA) certification requirements for course work in assessment and pathologies of the auditory system.

This course presents primary knowledge and skill development in the administration and interpretation of basic tests used in the rehabilitation of auditory disorders across the lifespan. The course also introduces students to the theories and procedures used to provide aural/audiological rehabilitation to children and adults who have hearing loss and to provide concomitant services to their family members including fundamental knowledge and skills needed to design, implement, and measure individual re(habilitation) programs across the lifespan.

COURSE OUTCOMES
1. The student will develop a theoretical and practical knowledge of aural rehabilitation in adults and children.
2. The student will be able to select, plan, and execute appropriate age-level assessment for the purposes of aural rehabilitation planning across the lifespan.
3. The student will understand the use of technology in aural rehabilitation intervention.

Mapping of Course Outcomes

<table>
<thead>
<tr>
<th>Course Outcomes</th>
<th>Assessment</th>
<th>Feedback</th>
<th>ASHA Mapping</th>
<th>Department Outcome Mapping</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The student will develop a theoretical and practical knowledge of aural rehabilitation in adults and children.</td>
<td>1a. On-line quizzes. 1b. Interim written exams. 1c. Final examination. 1d. Class discussion.</td>
<td>Class review of items 1a and 1b. Individual review upon request of item 1c within two weeks of the term following the examination.</td>
<td>Standard III-B</td>
<td>- The undergraduate curriculum provides students with the necessary foundation of knowledge and skills to prepare them to further their education and professional training at the graduate level.</td>
</tr>
<tr>
<td></td>
<td>2a. On-line quizzes. 2b. Interim written exams. 2c. Final examination. 2d. Class discussion.</td>
<td>Class review of items 2a and 2b Individual review upon request of item 2c within two weeks of the term following the examination. Submission and written review of item 2d.</td>
<td>Standard III-C</td>
<td>- This course meets the learning outcomes in the following areas:</td>
</tr>
<tr>
<td></td>
<td>3a. On-line quizzes. 3b. Interim written exams. 3c. Final examination. 3d. Class discussion.</td>
<td>Class review of items 3a and 3b. Individual review upon request of item 3c within two weeks of the term following the examination.</td>
<td>Standard III-D</td>
<td>- Hearing</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- Language</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- Speech</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- Scope of Practice</td>
</tr>
</tbody>
</table>

http://learningoutcomes.byu.edu/#college=pS5G0s4R9yjQ&department=UAGmxkouY0LG
MAKE YOUR LIFE EASIER
There are a few things that will help your workflow and make your life easier:

1. On all emails in the “Subject” box always place **ComD 442** followed by a hyphen and subject. For example: ComD 442-Question or ComD 442-Lab 1. This goes to a designated mailbox that I check several times each day. Failure to do so may get a significantly delayed answer or a late assignment penalty.

2. This course uses MS Word 2010 and PowerPoint 2010. If you do not have these releases you can download a free software plug-in that will allow you to open these files (I can open files in earlier versions so you do not need to upgrade the actual software). The compatibility pack is available at: [http://www.microsoft.com/downloads/details.aspx?FamilyId=941B3470-3AE9-4AEE-8F43-C6BB74CD1466&displaylang=en](http://www.microsoft.com/downloads/details.aspx?FamilyId=941B3470-3AE9-4AEE-8F43-C6BB74CD1466&displaylang=en)

3. Extensive use of Learning Suite is used in this course and it is your responsibility to be familiar with its use. The syllabus and Powerpoint presentations may be downloaded from Learning Suite. Basic computer literacy is assumed and necessary for this course.

4. Exams are due as scheduled unless they are changed for the entire class. The only exception is for medical situations. Exams and assignments are NOT given at alternate times for weddings, cruises, Disneyland, Home Comings, Farewells, work schedules, or non-approved BYU activities. Some immediate “family” situations may be considered, except as noted above.

TEXTBOOK

NOTICE: This text may be a single use text and therefore may not be subject to “buy back” from some entities, including the Brigham Young University bookstore. The instructor has no responsibility in this matter.

PREREQUISITES
ComD 334 and ComD 438 are prerequisites for this course. Students that have not completed this prerequisite are required to discontinue ComD 442 (this course) until such time the prerequisite course has been completed. The instructor reserves the right to dis-enroll students that do not meet these prerequisites. English 315 or 316 is strongly recommended.

CONTACTING THE INSTRUCTOR
My office hours are primarily by appointment; however, if I am not involved in some activity you are welcome to see me at any time. If you call my office telephone and leave a message be sure to leave a time and phone number that you will be available for me to return your telephone call. I will make one attempt at returning your telephone call. If you contact me using e-mail be sure to put the course number (i.e. ComD 442, etc.) in the subject heading. I prioritize my e-mail by subject heading, with no heading getting the lowest priority. My home telephone is for
‘emergencies’ and is not to be used to schedule appointments or leave messages. I do not mind being contacted at home for specific questions.

WEB SITE INFORMATION
Registered students in this course are to use Blackboard for this course. Login to Route Y then select Blackboard in the lower section.

HONOR CODE
The student is expected to be familiar with the Honor Code. The Honor Code is enforced in this class and students will be required to conform to its principles and practices. Cheating and plagiarism may result in a class failure, at the discretion of the instructor.

“Brigham Young University exists to provide a university education in an atmosphere consistent with the ideals and principles of The Church of Jesus Christ of Latter-day Saints. This atmosphere is preserved through commitment to conduct that reflects those ideals and principles” (Undergraduate Catalog, Brigham Young University).

In keeping with the principles of the BYU Honor Code, students are expected to be honest in all of their academic work. Academic honesty means, most fundamentally, that any work you present as your own must in fact be your own work and not that of another. Violations of this principle may result in a failing grade in the course and additional disciplinary action by the university.

Students are also expected to adhere to the Dress and Grooming Standards. Adherence demonstrates respect for yourself and others and ensures an effective learning and working environment. It is the university’s expectation, and my own expectation in class, that each student will abide by all Honor Code standards. Please call the Honor Code Office at 422-2847 if you have questions about those standards.

PREVENTING SEXUAL HARASSMENT
Title IX of the Education Amendments of 1972 prohibits sex discrimination against any participant in an educational program or activity that receives federal funds. The act is intended to eliminate sex discrimination in education and pertains to admissions, academic and athletic programs, and university-sponsored activities. Title IX also prohibits sexual harassment of students by university employees, other students, and visitors to campus. If you encounter sexual harassment or gender-based discrimination, please talk to your professor; contact the Equal Employment Office at 801-422-5895 or 1-888-238-1062 (24-hours), or http://www.ethicspoint.com; or contact the Honor Code Office at 801-422-2847.

STUDENTS WITH ACCESSIBILITY NEEDS
Brigham Young University is committed to providing a working and learning atmosphere that reasonably accommodates qualified persons with disabilities. If you have any disability, which may impair your ability to complete this course successfully, please contact the University Accessibility Center (2170 WSC) office at 422-2767 (voice) or 422-0436 (TTY). Reasonable academic accommodations are reviewed for all students who have qualified documented disabilities. Services are coordinated with the student and instructor by the Accessibility Center.
If you need assistance or if you feel you have been unlawfully discriminated against on the basis of disability, you may seek resolution through established grievance policy and procedures. You should contact the Equal Employment Office at 422-4440 (D-240C ASB).

Students in this class must be registered with the Accessibility Center before accommodations will be made. It is in this manner that I may best, and fairly, make necessary accommodations. Accommodations will be made for all course activities, as needed, following registration, and no consideration will be given for course activities completed prior to the instructor being officially notified by the Accessibility Center. Please see me if you should have any questions.

ARCHIVING OF STUDENT WORK
All exams may be viewed by the students by appointment. All exams will be destroyed after the fourth week after the term has ended. After that date, it will not be possible to contest scores or grades, except according to University policy. The instructor reserves the right to fully review all contested material and adjust scores accordingly.

DEVOTIONALS
Brigham Young University provides devotional and forums throughout the year on most Tuesdays from 11:00 am to 11:50 am. On days that these enriching experiences are provided, the instructor is not available nor should any of the facilities be used as part of this course during that time period.

GENERAL ACADEMIC REQUIREMENTS
Reading assignments are to be completed prior to the beginning of the class period. Students that are unprepared may be penalized up to 2% of the final course grade for each occurrence. Absence from class is considered not being prepared.

Grading Policies and Procedures
The grade equivalent is based on the following percentages:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>96-100 %</td>
</tr>
<tr>
<td>A-</td>
<td>92-95 %</td>
</tr>
<tr>
<td>B+</td>
<td>88-91 %</td>
</tr>
<tr>
<td>B</td>
<td>84-87 %</td>
</tr>
<tr>
<td>B-</td>
<td>81-83 %</td>
</tr>
<tr>
<td>C+</td>
<td>78-80 %</td>
</tr>
<tr>
<td>C</td>
<td>75-77 %</td>
</tr>
<tr>
<td>C-</td>
<td>70-74 %</td>
</tr>
<tr>
<td>D</td>
<td>65-69 %</td>
</tr>
<tr>
<td>E</td>
<td>64 % &amp; below</td>
</tr>
</tbody>
</table>

I. Adjustment Procedure for Assessments
Individual assessment functions (i.e., exams) are adjusted to account for:
1. The two highest scores on the assessment.
2. Assessment difficulty.
3. Assessment ambiguity.
This is accomplished by discounting the highest two scores on the assessment and using the third highest score as the adjusted maximum score. Adjusted individual scores are then computed by dividing the individual raw score by the adjusted maximum score and multiplying the product by 100. For example:
A | B | C
---|---|---
Student | Raw Score | Adjusted Score
---|---|---
1 | 38 | 82.6
2 | 50 | 108.7
3 | **46** | **100.0**
4 | 48 | 104.3
5 | **45** | **97.8**
5 | 32 | 69.6
6 | 15 | 32.6
7 | 43 | 93.5
8 | 36 | 78.3
9 | 29 | 63.0
10 | 40 | 87.0

The highest two scores were 50 and 48, respectively. The third highest score was **46**. The adjusted score (column C) were computed by dividing the values in column B by 46 and multiplying the product by 100. Using standard rounding techniques student no. 5 obtained a raw score of **45** and an adjusted score of **97.5**.

II. Final Weighted Grades

Since each assessment may have different point values to adjust the weighting of that particular assessment to the final grade, a weighting factor is assigned each assessment and adjusted accordingly.

Possible Weighted Score
1. Multiply each possible point by the weighted factor (as a decimal).
2. Sum the possible weighted points which results in the Possible Weighted Score.

Earned Weighted Score
1. Multiply each earned point by the weighted factor (as a decimal).
2. Sum the earned weighted point to obtain the Earned Weighted Score.

Weighted Percentage
1. Divide the Earned Weighted Score by the Possible Weighted score.
2. Multiply the product by 100 to obtain the Weighted Percentage.
3. Compare Weighted Percentage with the course grade rule.

For example:

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assignment</td>
<td>Percent Weight</td>
<td>Decimal Weight</td>
<td>Possible pts</td>
<td>Weighted Possible pts</td>
<td>Earned pts</td>
<td>Weighted Earned pts</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td></td>
<td></td>
<td>C*D</td>
<td>C*F</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>8%</td>
<td>0.08</td>
<td>35</td>
<td>0.28</td>
<td>33</td>
<td>0.264</td>
</tr>
<tr>
<td>2</td>
<td>20%</td>
<td>0.2</td>
<td>120</td>
<td>2.4</td>
<td>105</td>
<td>2.1</td>
</tr>
<tr>
<td>3</td>
<td>10%</td>
<td>0.1</td>
<td>95</td>
<td>0.95</td>
<td>90</td>
<td>0.9</td>
</tr>
<tr>
<td>4</td>
<td>12%</td>
<td>0.12</td>
<td>10</td>
<td>0.12</td>
<td>9</td>
<td>0.108</td>
</tr>
<tr>
<td>5</td>
<td>50%</td>
<td>0.5</td>
<td>150</td>
<td>7.5</td>
<td>97</td>
<td>4.85</td>
</tr>
<tr>
<td>Sum</td>
<td>100%</td>
<td>1.0</td>
<td>410</td>
<td><strong>11.25</strong></td>
<td>334</td>
<td><strong>8.22</strong></td>
</tr>
</tbody>
</table>
The Weighted Percentage then equals (for this example): \[ \frac{8.22}{11.25} \times 100 = 73.08. \]
Using standard rounding techniques, this would have a Final Weighted Earned Score for the course of **73**. Using the table below, this would give the student a **C-** in the course.

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>96-100 %</td>
</tr>
<tr>
<td>A-</td>
<td>92-95 %</td>
</tr>
<tr>
<td>B+</td>
<td>88-91 %</td>
</tr>
<tr>
<td>B</td>
<td>84-87 %</td>
</tr>
<tr>
<td>B-</td>
<td>81-83 %</td>
</tr>
<tr>
<td>C</td>
<td>75-77 %</td>
</tr>
<tr>
<td>C-</td>
<td>70-74 %</td>
</tr>
<tr>
<td>D</td>
<td>65-69 %</td>
</tr>
<tr>
<td>E</td>
<td>64% &amp; below</td>
</tr>
</tbody>
</table>

**Examinations**

Examinations will be essays, short answers, multiple choice, true/false, or matching. Additional points on each question may be awarded for exceptional answers without penalizing other students. Students are encouraged to meet with the instructor following examinations to discuss each question/answer. However, this must be within two weeks of the examination being returned to the student. Examinations are given as scheduled. A sample question is included in the course syllabus. Examinations will be a mixture of readings and lectures.

**Attendance**

Students are expected to attend each class session according to the course syllabus. No, it is not all right to miss class. I do not give examinations other than the posted times. Please make your lifestyle arrangements according to the University calendar. The instructor reserves the right to dis-enroll or fail students that do not attend class or fail to submit assignments in a timely manner. Please review the first two paragraphs under the heading “General Academic Requirements.”

**Extra Credit**

In some instances extra credit may be given, at the discretion of the instructor, for participating in projects, attending seminars or other professional experiences. Extra credit is not given for purposes of grade deficiencies. Extra credits are included at the end of the term and added to individual grades, thus not penalizing those that did not participate in the experience.

**Course Participation**

The student is expected to be prepared. This includes having read the material prior to class. **Students that are not prepared may be penalized 2% of the final course grade for each occurrence.** Absence from class, except for medical purposes, is considered unprepared. Excessive absences may result in the instructor dis-enrolling the student from the course or the student failing the course.
The Course Schedule and Outline are subject to frequent changes and will be announced in class or posted in Learning Suite. **DATES ARE APPROXIMATE** and subject to frequent change.

<table>
<thead>
<tr>
<th>Lecture</th>
<th>Day</th>
<th>Approximate Date</th>
<th>Lecture Topic</th>
<th>Assignment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>M</td>
<td>8/31/15</td>
<td>Course Introduction.</td>
<td>Chapter 1</td>
</tr>
<tr>
<td>2</td>
<td>W</td>
<td>9/2/15</td>
<td>Introduction to Aural Rehabilitation</td>
<td>Chapter 1</td>
</tr>
<tr>
<td>3</td>
<td>F</td>
<td>9/4/15</td>
<td>Introduction to Aural Rehabilitation cont’d.</td>
<td>Chapter 1</td>
</tr>
<tr>
<td>4</td>
<td>M</td>
<td>9/7/15</td>
<td>Labor Day Holiday</td>
<td>Chapter 4</td>
</tr>
<tr>
<td>5</td>
<td>W</td>
<td>9/9/15</td>
<td>Assistive Listening Devices and Technology</td>
<td>Chapter 4</td>
</tr>
<tr>
<td>6</td>
<td>F</td>
<td>9/11/15</td>
<td>Assistive Listening Devices and Technology cont’d</td>
<td>Chapter 4</td>
</tr>
<tr>
<td>7</td>
<td>M</td>
<td>9/14/15</td>
<td>Assistive Listening Devices and Technology cont’d</td>
<td>Chapter 4</td>
</tr>
<tr>
<td>8</td>
<td>W</td>
<td>9/16/15</td>
<td>Assistive Listening Devices and Technology cont’d</td>
<td>Chapter 4</td>
</tr>
<tr>
<td>9</td>
<td>F</td>
<td>9/18/15</td>
<td>Assistive Listening Devices and Technology cont’d</td>
<td>Chapter 4</td>
</tr>
<tr>
<td>10</td>
<td>M</td>
<td>9/21/15</td>
<td>Exam I – In Class (room 177 TLRB)</td>
<td>Chapters 1, 4</td>
</tr>
<tr>
<td>13</td>
<td>M</td>
<td>9/28/15</td>
<td>Guest Speaker – Becca Larsen</td>
<td>Parent of Hearing Impaired Children</td>
</tr>
<tr>
<td>14</td>
<td>W</td>
<td>9/30/15</td>
<td>Detection and Confirmation of Hearing Loss in Children, cont.</td>
<td>Chapter 13</td>
</tr>
<tr>
<td>15</td>
<td>F</td>
<td>10/2/15</td>
<td>Detection and Confirmation of Hearing Loss in Children, cont.</td>
<td>Chapter 13</td>
</tr>
<tr>
<td>16</td>
<td>M</td>
<td>10/5/15</td>
<td>Detection and Confirmation of Hearing Loss in Children, cont.</td>
<td>Chapter 13</td>
</tr>
<tr>
<td>17</td>
<td>W</td>
<td>10/7/15</td>
<td>Infants and Toddlers</td>
<td>Chapter 14</td>
</tr>
<tr>
<td>18</td>
<td>F</td>
<td>10/9/15</td>
<td>Infants and Toddlers, cont.</td>
<td>Chapter 14</td>
</tr>
<tr>
<td>19</td>
<td>M</td>
<td>10/12/15</td>
<td>Guest Speaker – Lori Ruth</td>
<td>PIP Advisor</td>
</tr>
<tr>
<td>20</td>
<td>W</td>
<td>10/14/15</td>
<td>Infants and Toddlers, cont.</td>
<td>Chapter 14</td>
</tr>
<tr>
<td>21</td>
<td>F</td>
<td>10/16/15</td>
<td>Exam II – In Class (room 177 TLRB)</td>
<td>Chapter 13-14, Lori Ruth’s Presentation</td>
</tr>
<tr>
<td>22</td>
<td>M</td>
<td>10/19/15</td>
<td>School-age Children</td>
<td>Chapter 15</td>
</tr>
<tr>
<td>23</td>
<td>W</td>
<td>10/21/15</td>
<td>School-age Children, cont.</td>
<td>Chapter 15</td>
</tr>
<tr>
<td>24</td>
<td>F</td>
<td>10/23/15</td>
<td>Auditory and Speechreading Training for Children</td>
<td>Chapter 16</td>
</tr>
<tr>
<td>26</td>
<td>M</td>
<td>10/26/15</td>
<td>Auditory and Speechreading Training for Children, cont.</td>
<td>Chapter 16</td>
</tr>
<tr>
<td>27</td>
<td>W</td>
<td>10/28/15</td>
<td>Auditory and Speechreading Training for Children, cont.</td>
<td>Chapter 16</td>
</tr>
<tr>
<td>28</td>
<td>F</td>
<td>10/30/15</td>
<td>Speech, Language, and Literacy</td>
<td>Chapter 17</td>
</tr>
<tr>
<td>29</td>
<td>M</td>
<td>11/2/15</td>
<td>Speech, Language, and Literacy, cont.</td>
<td>Chapter 17</td>
</tr>
<tr>
<td>30</td>
<td>W</td>
<td>11/4/15</td>
<td>Exam III – In Class (room 177 TLRB)</td>
<td>Chapters 15-17</td>
</tr>
<tr>
<td>31</td>
<td>F</td>
<td>11/6/15</td>
<td>Adults Who Have Hearing Loss</td>
<td>Chapter 2</td>
</tr>
<tr>
<td>33</td>
<td>M</td>
<td>11/9/15</td>
<td>Adults Who Have Hearing Loss, cont.</td>
<td>Chapter 2</td>
</tr>
<tr>
<td>Date</td>
<td>Day</td>
<td>Time</td>
<td>Assignment</td>
<td></td>
</tr>
<tr>
<td>------</td>
<td>-----</td>
<td>------</td>
<td>------------</td>
<td></td>
</tr>
<tr>
<td>11/11/15</td>
<td>W</td>
<td></td>
<td>Audiovisual Speech Perception and Speechreading Training for Adults, Auditory-Only Speech Perception and Auditory Training for Adults</td>
<td></td>
</tr>
<tr>
<td>11/13/15</td>
<td>F</td>
<td></td>
<td>Auditory-Only Speech Perception and Auditory Training for Adults</td>
<td></td>
</tr>
<tr>
<td>11/16/15</td>
<td>M</td>
<td></td>
<td>Auditory-Only Speech Perception and Auditory Training for Adults, Communication Strategies and Conversational Styles</td>
<td></td>
</tr>
<tr>
<td>11/20/15</td>
<td>F</td>
<td></td>
<td>Assessment of Conversational Fluency and Communication Difficulties</td>
<td></td>
</tr>
<tr>
<td>11/23/15</td>
<td>M</td>
<td></td>
<td>Exam IV – In Class (room 177 TLRB)</td>
<td></td>
</tr>
<tr>
<td>11/24/15</td>
<td>T</td>
<td></td>
<td>Communication Strategies Training</td>
<td></td>
</tr>
<tr>
<td>11/25/15</td>
<td>W</td>
<td></td>
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**Grading Standard**

Each assignment will be weighted according to the following percentages:

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<th>Examinations</th>
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<td>2 Exam 2</td>
<td>Chapters 13-14</td>
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<td>3 Exam 3</td>
<td>Chapters 15-17</td>
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<td>4 Exam 4</td>
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<td>5 Exam 5</td>
<td>Chapters 1-2, 4-9, 11-17 (comprehensive)</td>
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**Movies**

- Cecelia’s Story: -2.5%
- Sound and Fury: -2.5%

**Absences**

- Unexcused Absences (more than 2) -2% each
STUDY SHEETS
This study sheet is provided as a study aid. The instructor is NOT obligated to use the exact wording, definition, or test questions found on this sheet. Each of the answers are found in the text: Tye-Murray, N. (2009). *Foundations of Aural Rehabilitation* (4th ed.). New York: Delmar Publishing. [ISBN: 978-1-133-28142-9].

It is also recommended that the study questions within the textbook itself be reviewed. Remember, study questions are to provide the student with an assessment of their understanding of the concepts, and not necessarily the specific questions.

**Definitions** (The student will be able to define the following terms):

Conversational fluency:
Hearing-related disability:
World Health Organization (WHO):
International Classification of Functioning, Disability and Health (ICF):
Activity limitations:
Participation restrictions:
Environmental factors:
Personal factors:
Third-party disability:
Unserved and underserved:
Evidence-based practice (EBP):
Levels of evidence:
Evidence-based practice five-step approach:
Clinical significance:
Prevalence:
Patient orientation:
Biomedical orientation:
Sales orientation:
Adult-onset hearing loss:
Life factors and life stages:
Culture:
Cultural and linguistic competency:
Stigmatization:
Limited English Proficiency (LEP):
Tinnitus:
Vertigo:
Deaf culture:
Hearing culture:
Sign interpreter:
Americans with Disabilities Act (ADA):
Patient journey:
Dissonance theory:
Audiogram:
Degree of hearing loss:
effects of hearing loss on word recognition:
test selection:

speech features:
information transmission analysis:
speechreading enhancement:
closed and open sets:
reliability and validity:
bilingual:
miniaturization:
signal processing:
noise reduction:
hearing aid components:
omnidirectional microphone:
gain:
telecoil:
hearing aid styles:
binaural fitting:
prescription procedures:
validation:
tonotopic organization:
cochlear implant components:
cochlear implant candidacy:
compromised listening environments:
wireless systems:
fm sound-field system:
induction loop:
computer-based technology:
noise-induced hearing loss:
frequency selectivity:
temporal resolution:
perceptual effort:
working memory:
brain plasticity:
selective attention:
speechreading:
lipreading:
variability in individual skill levels:
sound visibility:
coarticulation and stress effects:
visemes:
homophones:
models of audiovisual integration:
Neighborhood Activation Model (NAM):
Variables affecting performance:
Clear speech:
Frequency of usage:
20th-century methods:

Kinesthetic:
Class handouts:
Computerized instruction:
Oral interpreter:
Maxims of conversation:
Hand gestures:
Modifications in conversation:
Grounding:
Message reception:
Facilitative strategies:
Receptive repair strategies:
Maladaptive strategies:
Stages of repair:
Nonspecific repair strategies:
Bluffing:
Cooperative enterprise:
Acknowledgement tactic:
Conversational styles:
Communication behavior constellations:
High conversational fluency:
Low conversational fluency:
Test battery approach:
Generous listening:
Open- and closed-ended questions:
Reactive procedure:
Topic:
Elicitation technique:
Referential communication:
Transcription analysis:
Dyalog:
Third party disability:
Self-efficacy:
Class format:
Dialogue versus lecture:
Modeling:
Vicarious consequences:
Role-playing:
Videotaped scenarios:
Continuous discourse tracking:
Record of experiences:
WATCH:
Appropriate speaking behaviors:
Narrative therapy:
Informational counseling:
Explicit categorization:

Personal adjustment counseling:
Cognitive approach:
Rational Emotive Behavior Therapy (REBT):
A-B-C-D-E:
Behavioral approach:
Desensitization:
Affective approach:
Unconditional positive regard:
Empathetic understanding:
Self-image:
Problem identification-exploration-resolution:
Situation-specific behaviors:
Priorities:
Expectations:
COSI:
Formulating objectives:
Joint goal setting:
Shared decision making:
Use patterns:
Orientation session:
Tinnitus intake interview:
Tinnitus retraining therapy:
Outcome measure:
Performance:
Benefit:
Usage:
Satisfaction:
Traditional seniors:
Baby boomers:
Patient priorities:
Testing accommodations:
Presbycusis:
Auditory processing:
Self-sufficiency:
Self-concept:
Vision screening:
Arthritis:
Dementia screening:
Alzheimer’s disease:
Accommodations for visual impairment:
Attention:
Processing speed:
Working memory:
Health belief model:
Cochlear implant candidacy:
ALD landmark events:
Group aural rehabilitation sessions:
In-services:
Family-centered approach:
Universal newborn hearing screening (UNHS):
Support for UNHS:
Risk factors:
Objective hearing tests:
Behavioral hearing tests:
Etiologies:
Cytomegalovirus:
Syndrome:
Ototoxicity:
Otitis media:
Other disabilities:
Auditory neuropathy:
Stages of acceptance:
Family systems approach:
Pathways through Grief:
Goals of early intervention:
Individuals with Disabilities Education Act (IDEA):
Individualized Family Service Plan (IFSP):
Service coordinator:
Medical home:
American Sign Language (ASL):
Bilingual/bicultural:
Total communication:
Auditory-verbal approach:
Validation of hearing aid fitting:
Cochlear implant fitting:
Family support:
Individualized Educational Program (IEP):
Multidisciplinary team:
Itinerant teacher:
Classroom placement:
Self-contained classroom:
Mainstream classroom:
Resource room:
Coenrollment:
Appropriate format accommodations
Sound awareness:
Sound discrimination:
Identification:
Comprehension:
Analytic training:
Synthetic training:

Difficulty level:
Formants and features:
Goals:
Objectives:
Guidelines for formal auditory training:
Holistic speechreading training:
Theme-based learning:
Interweaving:
Segmental speech errors:
Suprasegmental speech errors:
Roles of auditory feedback:
Form:
Content:
Pragmatics:
Literacy:
Impact of cochlear implants:
Transcription procedures:
Language sample analysis:
Preliteracy skills:
Structured language curriculum:
Naturalistic language instruction:
Telepractice:

Key Chapter Points

Please fill in the missing words. The answers may be found in the Key Chapter Points section of the corresponding chapter in *Foundations of Aural Rehabilitation: Children, Adults, and Their Family Members*, 4th edition.

Chapter 1

1. The ________ uses the ICF for considering a health-related disability.

2. Hearing loss may limit communication activities and impose ________ ________ on everyday activities.

3. The impact of hearing loss on an individual may be mediated by his or her use of listening aids, physical environment, lifestyle, ________, ________, ________, and individual characteristics, such as personality.
4. Aural rehabilitation for the ________ may include diagnosis and quantification of hearing loss, provision of appropriate listening devices, training in communication strategies, counseling related to hearing loss, vocational counseling, noise protection, and counseling and instruction for family members. It may or may not include speech perception training.

5. Aural rehabilitation for the ________ may include diagnostics, provision of appropriate amplification, speech perception training, communication strategies training, family training, and intervention related to speech, language, and educational development.

6. Aural rehabilitation may occur in a variety of locales, including university speech and hearing clinics and ________ ________.

7. Aural rehabilitation may be provided by an audiologist, speech-language pathologist, or ________.

8. Hearing loss may be categorized by degree, onset, ________, and time course.

9. The aural rehabilitation plan includes the communication realms of the person who has ________ ________.

10. Aural rehabilitation is relevant for two general reasons: demographics and ________.

11. Evidence-based practice (EBP) approaches reflect best research evidence, clinical expertise, and ________ ________.

12. When engaging in EBP, clinicians ask a question, find evidence to answer it, assess the evidence, integrate the evidence with their judgment and patient values and then ________ ________.

Chapter 2

1. A ________ approach holds that the most successful aural rehabilitation plan is one that best determines a patient’s background, current status, needs, and wants, and then accommodates these through the design and delivery of appropriate interventions.

2. Many adults experience hearing loss, in part, because we live in a ________ ________ replete with loud environments.

3. Most adults lose their hearing gradually over time. Typically, the loss is greatest in the ________ frequencies and least in the ________ frequencies.

4. In following a patient-centered orientation, the speech and hearing professional will determine “________ ________ ________ ________,” and consider non-hearing-related variables such as stage of life, socioeconomic status, culture, and psychological adjustment. These variables may affect the aural rehabilitation plan.
5. ________ ________ influences pertain to self, home, work, recreation, and community. For instance, the norms, services, and mores that are present in the surrounding community will help the patient answer such questions as, What kind of help do I need and where will I get it? and How am I to contribute to the world around me and live my life?

6. ________ ________ is related to racial/ethnic status. Some members of minority groups may be inexperienced with interacting with health care professionals and some may be distrustful of them. Some minority members may not have access to quality care due to financial limitations or their location.

7. Members of varying cultural backgrounds may respond differentially to incurring hearing loss, to interacting with health care professionals, and to an aural rehabilitation plan. It is incumbent upon speech and health professionals to ________ a patient’s traditions, customs, values, and beliefs related to the aural rehabilitation plan.

8. Women are more likely to ________ a hearing loss than are men, and women are more likely to actively ________ their communication difficulties. Women are also less likely to incur a loss.

9. Adults who are hard of hearing may have more psychosocial and vocational difficulties than adults who have normal hearing. They may suffer from feelings of ________, ________, and decreased ________.

10. In developing an ________ ________ ________, you will determine how hearing loss affects the patient’s daily life and consider how much relative time is spent at home, in social engagements, and vocational settings, who are the patient’s communication partner, and what are the activities and sounds that are important to the patient.

11. Tinnitus can be ________.

12. Adult members of the ________ ________ lost their hearing early in life. They rely primarily on ________ for communication.

13. The patient journey has six stages: ________, ________, ________, ________, ________, and ________.

14. Psychological responses to hearing loss may include the following stages: ________ and ________, ________, ________, and, finally, ________. A milder form of ________ and ________ relates to dissonance theory (“this diagnosis runs counter to my self-image”).

15. The ________ ________ ________ is affected by the patient’s hearing loss.

Chapter 3

1. A typical audiological assessment includes an ________, a determination of speech recognition thresholds, and an assessment of speech discrimination/recognition. The audiogram by itself does not always adequately reflect the magnitude of a patient’s communication difficulties.
2. The optimal test environment is a ________. 

3. A speech and hearing professional might assess ________ for a number of reasons. For instance, an audiologist might be interested in evaluating a patient’s need for amplification or assessing the patient’s performance over time.

4. Patient variables, such as the cognitive/linguistic skill of the test taker, will influence selection of test materials. For example, an audiologist would not select a ________ for evaluating a 3-year-old child.

5. Test stimuli may be ________, words, phrases, unrelated sentences, or topically related sentences. Each kind of stimulus offers advantages and disadvantages.

6. Once test materials have been selected, decisions can be made about ________. For example, an audiologist might opt to present the stimuli in an audition-only condition, using live voice and background noise.

7. Patients may ________ in a test with repeated testing.

8. A test should have good reliability and ________.

9. ________ sometimes is an important issue. Some people, especially children, may vary in their performance from day to day.

10. Although multicultural testing is ever more commonplace, the need for speech recognition tests in languages other than English ________ the current supply.

11. Bilingual individuals perform better on tests administered in their ________ language than on tests administered in their ________ language.

Chapter 4

1. The objectives for providing an individual with a listening device are to make speech audible, without introducing distortion or discomfort, and to restore a range of ________. 

2. Hearing aids, cochlear implants, and assistive listening devices are the primary listening devices available to persons who have hearing loss. ________ are used by a small number of people, primarily those who cannot benefit from the more commonly used devices.

3. Two major trends in modern hearing aid design are ________ and enhanced signal processing.

4. Hearing aids have three fundamental components: a microphone, an amplifier, and a ________. They also have a power source. Microphones may be directional or omnidirectional. Amplifiers may use peak-clipping for output limiting or ________.

5. There are five general styles of hearing aids. Selection of style is dependent on the degree of hearing loss, ________, costs, patient lifestyle, and the patient’s physical status.
6. Hearing aid benefit may be assessed with behavioral measures, probe microphone technology, and ______ ______.

7. Cochlear implants provide sound sensation by means of directly stimulating the ______ ______. Candidacy requirements for implantation include the presence of irreversible severe or profound sensorineural hearing loss and good general health.

8. Most cochlear implants in use are ______ devices and many of them utilize an interleaved pulsatile stimulation algorithm.

9. ______ ______ ______ are used to address communication needs related to face-to-face communication, broadcast and other electronic media, and telephone use. General categories of devices are wireless and hardwired.

10. Hearing assistance technology includes ______ as well as devices that facilitate the reception of auditory information that is not speech and that provide auditory information by means other than amplification.

Chapter 5

1. Adults with new listening devices or a change in hearing status are most likely to receive_______ ________.

2. ______ ______ makes some sounds inaudible and may impair frequency selectivity and temporal resolution and may result in increased perceptual effort during listening.

3. Because ______ ______ extends well into adulthood, many patients have the potential to benefit from auditory training.

4. Many of today’s auditory training programs are ______ ________.

5. Many auditory training programs present one or more of these types of training: ______ ________, ______ ______, ______ ________, and ______ ________.

6. Many ______ ______ ______ ______ are disappointed with the way music sounds and some seek music training, which may be based on music features, such as timbre or on whole song recognition.

7. Several published reports suggest that ______ ______ is beneficial. In addition, ______ ______ ______ appears to change as a result of auditory learning.

Chapter 6

1. Even persons with normal hearing rely on_______ to some degree.
2. Some people are better speechreaders than others. Performance cannot be predicted by such factors as intelligence or practice with the _______ _______, but may be related to age and cognitive factors, such as spatial working memory and processing speed.

3. When we lipread, our eyes both fixate and perform quick shifts. They often focus on talker’s _______, _______, and _______.

4. Lipreading is difficult. Some of the factors that may compound the lipreading task include the partial visibility or nonvisibility of many speech sounds on the face, the rapidity of speech, coarticulation, the visual _______ of many sound groups, and talker variables.

5. Some models of audiovisual integration suggest that the ability to integrate is distinct from the abilities to recognize speech auditorially or to recognize speech visually. An alternative model, based on the concept of _______ _______, posits that a distinct stage of integration is not a part of the speech recognition process.

6. A little _______ _______ can increase markedly one’s ability to recognize speech when looking and listening simultaneously.

7. The talker, message, environment, and state of the person affect how well the individual will recognize a spoken message. For instance, a talker who mumbles will be _______ _______ _______.

8. A talker’s use of _______ _______ can effect a dramatic improvement in a patient’s ability to lipread and speechread.

9. _______ _______ was popular in the first half of the 20th century.

10. A relatively large number of investigators have attempted to evaluate the efficacy of speechreading training, using a variety of training methods and tests and focusing on a number of different _______ _______.

11. _______ variables, such as patient motivation, complicate assessments of speechreading training efficacy.

12. Speechreading training appears to provide _______ _______.

Chapter 7

1. Face-to-face conversation usually proceeds in an orderly fashion, with communication partners adhering to _______ _______ of conversation.

2. _______ occurs when one communication partner presents information and another partner acknowledges understanding. This information is then presupposed throughout the remaining conversation.
3. The accepted rules of conversation often must ________ when one of the conversational partners has a hearing loss. The overall quality of conversation may also be ________. For instance, there may be only superficial content and grounding may be disrupted.

4. There are two classes of communication strategies, ________ and ________. Within each of these classes are several kinds of strategies that individuals with hearing loss can use to facilitate conversational interchanges.

5. There are at least three stages involved in repairing a communication breakdown: ________, selection of a course of action, and implementation.

6. Persons who have hearing loss often bluff and pretend to understand. They may do this because they are reluctant to admit a hearing loss or because they do not want to appear ________.

7. Much research has centered on the use of repair strategies. One conclusion that emerges is that the most commonly used repair strategy is the ________ strategy.

8. There are both advantages and disadvantages in using ________ repair strategies.

9. Patients may ________ for many reasons, including to avoid embarrassment about having a hearing loss and to be cooperative and agreeable.

10. People with hearing loss may have to violate one of the two maxims for listeners who engage in casual conversations: ________, recognize genuinely.

11. Persons may be assertive, passive, aggressive, or ________ in their conversational styles.

12. Constellations of communication behaviors might be described as ________, ________, ________, or some combination of the three.

Chapter 8

1. Most communication strategies training programs begin and end with an assessment of ________, ________, and hearing-related disability.

2. ________ ________ relates to how smoothly conversation unfolds.

3. Hearing-related disability relates to the difficulties in daily living activities and includes the ________ disadvantages related to the hearing loss.

4. Conversational fluency and hearing-related disability are ________ to assess for many reasons. For example, conversational fluency may vary as a function of the communication partner (Is the person familiar? Is the person experienced with talking to hard-of-hearing people?) and with the topic of conversation.
5. A variety of assessment procedures are available. These procedures include interviews and questionnaires. Each offers both advantages and disadvantages. Often, clinicians opt to use a ________ ________ ________.

6. A patient’s ________ ________ may complete assessment procedures.

Chapter 9

1. A ________ ________ ________ should be tailored to accommodate a patient’s expectations, age, socioeconomic background, lifestyle, and particular communication problems.

2. One goal of communication strategies training is to enhance a patient’s sense of ________ ________.

3. The content of a communication strategies training program centers around problems specifically related to ________ ________ and how these problems can be minimized. Training may be provided for facilitative and repair communication strategies. Patients may also consider assertive versus nonassertive listening behaviors.

4. One model for a training program includes three stages: ________ ________, ________ ________, and ________ ________. A variety of exercises and activities can be used for each stage.

5. ________, which entails learning through observing, allows patients to acquire information about effective communication behaviors and strategies and to acquire information about what happens to someone as a result of using these behaviors and strategies.

6. ________ may involve direct instruction, prompting, shaping, reinforcement, modeling, and feedback.

7. A communication strategies training program for frequent communication partners often includes instruction for ________ ________.

Chapter 10

1. A ________ ________ entails learning the patient’s story and possibly using techniques from narrative therapy.

2. Counseling provides many benefits to patients and their families, including better self-acceptance and reduced stress and discouragement. A clinician might provide ________ counseling and ________ ________ counseling.

3. During informational counseling, the clinician strives to ensure understanding and retention using such techniques as ________ categorization and ________ of important information.
4. Personal adjustment counseling approaches are often categorized as ________, ________, or ________, or a combination of any of these three.

5. Rational Emotive Behavior Therapy (REBT) is a ________ approach to counseling and, in the aural rehabilitation setting, entails questioning erroneous beliefs about hearing-related issues.

6. ________ is a technique used in a behavioral counseling approach that aims for a patient to “unlearn” a learned behavior.

7. Three tenets of Rogers’s affective approach to counseling are congruence of self, unconditional positive regard, and ________ ________.

8. Useful counseling tools include attitudinal continuums and a ________ ________ ________.

9. Individuals who suffer a hearing loss, whether it is sudden or gradual, often develop a sense that they have gone from being able-bodied to being abnormal. Some of these individuals might benefit from ________ ________.

10. Psychosocial support aims to facilitate ________, ________, and ________ adjustment to hearing loss. The outcome is increased self-confidence, increased self-acceptance, and more effective use of communication strategies.

11. In a ________ ________, patients learn to identify the kinds of problems they are experiencing, understand the nature and effect of these problems, and generate effective solutions for resolving them.

12. During ________ ________, individuals learn to increase cooperativeness with their communication partners and to develop neutral nonaggressive behaviors that allow them to maintain their self-esteem without encroaching on the rights of others.

13. During assertiveness training, emphasis is placed on ________ of language and on the ________ of behaviors.

14. Sometimes losing one’s hearing constitutes a ________ life experience. Individuals require and deserve adequate emotional and psychological support.

Chapter 11

1. There are six stages involved in developing an aural rehabilitation plan: assessment, informational counseling, development of a plan, implementation, ________, ________, and follow-up. At each stage, the focus will be on customizing the plan for the individual.

2. The ________ stage of an aural rehabilitation plan entails assessing a patient’s hearing impairment, hearing-related difficulties, and individual factors.
3. In developing a strategy, and in implementing a plan, a clinician will develop a partnership with his or her patient and develop a problem-solving strategy using joint goal setting and shared decision making. The objectives will be influenced by a patient’s _______ and _______.

4. _______ may include unstructured and structured questions and might query about home-, work-, and social-related communication difficulties.

5. The COSI is a _______ _______ that may be used to guide an overall aural rehabilitation plan and to assess outcome, and in particular, can be used to assess hearing aid benefit.

6. _______ a patient to use a hearing aid may entail an education process, a change in the patient’s value system and attitude, and establishment of a hearing aid use pattern.

7. A significant number of adults who receive hearing aids do not use them. There are several reasons for nonuse. For example, some people find the sound unacceptable, and others are disappointed that their hearing aids do not _______ _______ _______.

8. Issues to consider when recommending an assistive device include affordability, durability, operability, portability, compatibility, and _______.

9. A patient who suffers from tinnitus may undergo a variety of _______ and audiological tests.

10. Although there are no cures for tinnitus, _______ _______ _______ (TRT) has been found to be successful in helping many patients manage their problem. Other management strategies include counseling, relaxation therapy, and self-help support groups.

11. Some patients will desire telephone training, and a speech and hearing professional may serve as a “coach” for the patient, starting with easy _______ listening tasks to _______ _______, more open conversations over the telephone.

12. Aural rehabilitation is a process and patients’ _______ change over time, so the aural rehabilitation plan must be fine-tuned and adjusted as it unfolds.

Chapter 12

1. The elderly represent the fastest-growing segment of the U.S. population. By 2030, the number of citizens over the age of 64 years will be 72 million, or about _______ of the American population.

2. The first stage of developing an aural rehabilitation plan is to determine a patient’s _______ _______ and _______ _______ and to establish priorities.

3. Degree of hearing loss increases with age. Age-related hearing loss is called _______.

ComD 442:9/1/2015 9:18 AM
4. Some older persons may experience a ________ in auditory processing capabilities.

5. The impact of hearing loss on older persons may vary as a result of the person’s economic status, social circumstances, social contacts, and emotional and physical health. Two people may be of the same ________ ________, yet vary greatly on these variables.

6. Three physical conditions that may influence dramatically the design and success of an aural rehabilitation plan include reduced vision, arthritis, and ________.

7. Many older persons experience changes in cognitive functioning, including decrements in ________, ________ ________, and ________ ________. Vocabulary learning appears to remain intact.

8. ________ ________ often goes undetected, neglected, or untreated.

9. The ________ ________ model provides a framework for understanding the beliefs and attitudes that motivate older patients to seek aural rehabilitation.

10. The use of hearing aids can prevent many of the ________ consequences associated with presbycusis.

11. Some changes may need to be made in the procedures for assessing hearing status, and for providing a hearing aid orientation. In particular, ________ ________ usually must be scheduled to provide aural rehabilitation services for an older patient than a younger patient.

12. ________ should not be a determining factor in deciding whether a patient is a candidate for cochlear implantation.

13. Some older patients desire ________ ________ in addition to or in lieu of hearing aids.

14. Group aural rehabilitation programs tend to work well with older patients, especially if they include their ________ ________ ________.

15. Staff at nursing homes and residential facilities need to learn about hearing loss, communication strategies, and ________ ________.

Chapter 13

1. A ________ ________ is appropriate for providing aural rehabilitation to children who have hearing loss.

2. If children are not exposed to language during the first 3 years of life, they will likely experience delays in acquiring ________, ________, and ________ skills.
3. **Unborn Newborn Hearing Survey** (UNHS) requires that every baby born is tested for hearing loss in the newborn nursery, and is increasingly becoming the standard of care in developed countries.

4. Methods used for screening include ________ ________ (OAEs) and ________ ________ ________ testing (A-ABR).

5. If hearing loss is identified before a child reaches the age of ________, and intervention is begun, the child will likely develop language skills comparable to those of peers who have normal hearing.

6. Behavioral tests for identifying hearing loss in young children include behavioral/observational audiometry (BOA), visual reinforcement audiometry (VRA), and ________ ________ ________ (CPA).

7. About 40% of children who have significant hearing loss also have another ________.

8. Hearing loss may arise from a variety of causes that may be prenatal, ________, or postnatal. The hearing loss may be due to environmental factors or ________ factors.

9. Some ________ hearing losses have a delayed onset, and some are nonsyndromic.

10. Otitis media overlaid on a sensorineural hearing loss results in a ________ hearing loss. Some evidence suggests that if untreated, the child may experience related speech and language delays.

11. Parents often have difficulty in accepting their children’s hearing loss and may pass through a series of psychological stages before ________ occurs. A primary role of the speech and hearing professional is to ________ parents to interact effectively with their child and to make important decisions about their child’s aural rehabilitation plan.

12. ________ is a process, and may be depicted as either a series of stages or a circular journey.

Chapter 14

1. Public Law 94-142, passed in 1975, was a landmark event in the history of children who have disabilities. It guaranteed a ________ ________ ________ education for all children between the ages of 3 and 18 years, in the least ________ environment.

2. The acronym IDEA stands for the Individuals with Disabilities Education Act and was passed by Congress in 1990. Stemming from Public Law 94-142, it expanded the range of children covered to individuals from ________ to the age of ________. It was amended in 1997 and again in 2004.
3. Early and appropriate amplification is critical for normal speech and language development. Children often receive ________ the ________ hearing aids. ________ the ________ hearing aids usually are not prescribed, for a variety of reasons, including the fact that children’s ears may still be growing so aids must be frequently recast.

4. ________ ________ may be received after an appropriate hearing aid trial.

5. Goals of the ________ ________ program are to support families in developing a child’s communication skills, to help the family understand the child’s strengths and needs, and to promote the family’s ability to advocate for the child.

Chapter 15

1. An ________ ________ ________ (IEP) is a written statement that describes the child’s current levels of performance, a statement of annual goals, a recommendation for special education support with an indication of how support will be provided, and objective criteria for evaluating progress.

2. A ________ team is assembled to provide support and services to the child and his or her family. The team may include an audiologist, speech-language pathologist, classroom teacher, psychologist, interpreter, itinerant teacher, and/or resource room teacher.

3. School placement may be public or private, residential or day. Classroom placement may be self-contained or mainstream. Variations of a mainstream placement include ________ ________, ________, and ________.

4. Most children in the United States who have severe and profound hearing loss live at ________ and attend school in their home community.

5. Use of ________ ________ and favorable classroom acoustics can enhance a student’s academic performance.

6. Some children with hearing loss can benefit from psychosocial support and ________ skills training.

7. Most children with mild and moderate hearing losses can attend classrooms with children who have normal hearing. Usually, they will receive an ________, although they may or may not require specialized speech and hearing services.

Chapter 16

1. Most auditory training curricula are designed to progress a student from one auditory skill level to the next. The four skill levels underlying most programs are ________ ________, ________, ________, and ________.
2. Many auditory training curricula include both _______ and _______ kinds of training activities, and formal and informal activities.

3. Difficulty of training can be adjusted by varying the size of the stimuli set used for listening tasks, the stimulus unit, stimulus similarity, context, structure, and the listening environment. As a general rule of thumb, a teacher will want to alter the level of difficulty if a child responds correctly to training stimuli _______ of the time or more, or responds correctly to less than _______.

4. A _______ of specific training objectives typically is developed at the onset of a student’s training program. The objectives are targeted with both analytic and synthetic training.

5. _______ _______ _______objectives are often designed to contrast vowels with different vowel formants. Consonant auditory training objectives are often designed to contrast features of articulation, such as place, voice, and manner.

6. The logic underlying many speechreading curricula is gradually to increase students’ reliance on the auditory signal for recognizing _______ contrasts.

7. A variety of auditory training programs are available. These include the_______, the _______, _______, _______, and _______.

8. Several published reports suggest that _______ _______ is beneficial. In addition, brain activity appears to change as a result of auditory learning.

9. Students may vary widely in how quickly they progress, in part as a function of their _______ _______, their _______, and their _______ _______.

Chapter 17

1. Hearing ability and ability to recognize spoken language strongly relates to a child’s eventual abilities in _______ _______, _______, and _______.

2. Children with significant hearing loss may make characteristic speech errors, such as _______ vowels and _______ final consonants. These errors underlie generally low intelligibility levels.

3. Children’s production of suprasegmental aspects of speech may be aberrant, and their _______ _______ may sound strained and harsh.

4. Children who receive _______ _______, especially those who receive one at an early age, typically acquire better intelligibility and segmental and suprasegmental speaking abilities than children who have significant hearing loss and who use hearing aids.

5. Children with significant hearing loss often have problems in _______, _______, and _______ of language. For instance, many have reduced vocabulary and have mastered
fewer syntactic structures than children with normal hearing. Use of a cochlear implant can ameliorate these problems.

6. Children with significant hearing loss often experience difficulty in learning to read. Many adults never attain better than a ________ ________ reading level.

7. Evidence suggests that receipt of a cochlear implant may enhance and accelerate speech, language, and ________ growth.

8. A speech and language evaluation is performed in order to develop a ________ of speech-language therapy objectives.

9. Results from a ________ ________ ________ ________ can inform a teacher about a child’s strengths and weaknesses, and guide teaching efforts.

10. ________ ________ may follow an auditory, visual, or multisensory approach.

11. ________ ________ may follow a structured or naturalistic approach.