

Suggested Training Activities

After the group has completed Parts I and II of the case study, one or more of the following questions and follow-up activities could be used to discuss the accommodation and the process involved in greater depth. Part III is designed for trainers and normally would not be given out to participants. Part III usually works best as a total group discussion, ranging from a few minutes up to 10-15 minutes. Questions or activities are typically followed by information to assist in supplementing participant discussion. Trainers are encouraged to add other questions to focus discussion on specific learning objectives and local or state issues.

Compare functional capacities/limitations to essential functions of the job.

- *Review each essential function and discuss what accommodations were made for that function, if any.*

Discuss the four Assistive Listening Devices most commonly used?

- *FM radio signal-Uses a specific radio frequency to carry sound from transmitter to receiver. Both user and speaker have complete mobility.*
- *Infrared-Uses invisible infrared light waves to carry sound from transmitter to receiver. Infrared is considered line-of-sight and is often used in theatres, courtrooms and meetings.*
- *Loop-Uses a wire antenna "loop" that surrounds a room. A transmitter circulates a signal through the loop wire creating a magnetic field. Hearing aide users switched to a "T-coil" will pick up the signal when they are within the looped area.*
- *Personal Assistive Listening device-Picks up a sound through a microphone, amplifies the sound, and directs the sound to the ears through ear buds, headphones or a neck loop for listeners with "t-coils" in their hearing aides. Very small microphones, such as the Sound Wizard Micro are now available for about \$499 and are virtually invisible.*

Discuss cochlear implants, including discussion of best candidates for this device, cost and insurance coverage.

- *The multi-channel cochlear implant (CI) is an electronic device developed to restore auditory sensation through electric stimulation of the auditory nerve for individuals age 12 months and older with severe to profound sensor neural hearing impairments. The stimuli provide a wide range of auditory information needed for recognizing environmental and speech sounds to expand communication ability.*
- *A candidate, when tested with optimally fitted hearing aides, fails to achieve hearing thresholds of better than 40dB at all frequencies or word understanding scores of 50% or greater. Typically a day surgery with general anesthesia. Newer implant devices and surgical techniques allow placement with very few complications. Patients return 4-6 weeks after surgery to be fitted with external part of device and "programming" of the external speech processor.*

Kindergarten Teacher Trainer's Guide

- *Babies, who are born deaf and have implants up to 24 months of age, make the most rapid language progress. Adult onset hearing loss also make excellent candidates often adjusting rapidly and requiring only short term therapy. Adults who are born deaf are most challenged, requiring extensive therapy.*
- *Cost is approximately \$30,000, which includes pre-evaluation, hearing aide trial, the implant system, surgery and post surgical fitting and training.*
- *Many insurance plans, including Medicare and State Medicaid, pay at least a portion of this expense, while State Rehabilitation Agencies vary significantly with financial assistance. It appears improvements in the technology of CI implants have made it easier to obtain approval for at least the initial implant.*

Should CI be a routine service covered by Rehabilitation Agencies?

Discuss the implications of the employer's purchase of the majority of equipment in this case study. Who owns the AT devices purchased?

∞ ∞ ∞ ∞ ∞