

**THE TAMIL NADU Dr M.G.R. MEDICAL UNIVERSITY,
69, ANNA SALAI, GUINDY, CHENNAI 600032**



Curriculum Framework

**POST GRADUATE DIPLOMA COURSE
IN
AUDITORY VERBAL THERAPY (PGDAVT)**

Regulations, Norms & Course Content

2022 - 2023

THE TAMIL NADU Dr. M.G.R. MEDICAL UNIVERSITY, CHENNAI -600 032
REGULATIONS FOR THE POST GRADUATE DIPLOMA IN
AUDITORY VERBAL THERAPY
(SEMESTER)

1. SHORT TITLE AND COMMENCEMENT :

These regulations shall be called “THE REGULATIONS FOR THE POST-GRADUATE DIPLOMA COURSE IN AUDITORY VERBAL THERAPY . They shall come into force from the academic year 2016-17. The Regulations and the syllabus framed are subject to modification by the SAB from time to time

2. AIMS & OBJECTIVES:

The aim of the Post Graduate Diploma Course in Auditory Verbal Therapy is to train and equip professionals in the fields of Speech & Hearing and Special Education with Knowledge and Skills to practice auditory verbal therapy with young children with deafness and hard of hearing as a part of the early intervention program. The course further aims to facilitate professionals in setting up of early intervention centers staffed by therapists who have the requisite skills to work with deaf and hard of hearing children.

The objectives of this program are to

- a) impart knowledge in modern technology and its significance in the practice of educating children with hearing impairment.
- b) identify the principles and practices of auditory verbal therapy and related services.
- c) develop skills and competencies for practicing auditory verbal therapy as a part of the early intervention services for young children with hearing impairment.
- e) Promote parent – teacher empowerment.
- f) develop skills and competencies in students for practicing AVT as a part of early intervention for young hearing impaired children and
- g) to teach the need and significance of practice of AVT in India.

3. REGISTRATION:

A candidate admitted into Post-Graduate Diploma Courses in any of the affiliated Institutions of the Tamil Nadu Dr. M.G.R. Medical University, Chennai shall register with the University by remitting the prescribed fees along with the application form for registration duly filled in and forwarded to the Controller of Examinations of this University through the Head of the affiliated institution within the stipulated date. The candidate's name must be registered in the University within 3 months from the date of his / her admission.

4. ELIGIBILITY FOR ADMISSION:

Candidates for admission to the One year Post-Graduate Diploma Course shall be required to possess the following qualifications.

Any candidate with a graduate degree in Audiology / Speech - Language Pathology/ Speech and Hearing, or Special Education (HI), or equivalent degree from any other University and who is registered with the Rehabilitation Council of India will be eligible to seek admission for the course. Foreign nationals should produce evidence of professional registration of their home country.

5. AGE LIMIT:

No upper age limit for Admission

6. ELIGIBILITY CERTIFICATE:

Candidates who have passed any qualifying examination as stated in (3) other than the Tamil Nadu Dr. M.G.R. Medical University shall obtain an “Eligibility Certificate” from this University by remitting the prescribed fees along with the application form and required documents before seeking admission to any one of the affiliated institutions. The application form is available in the University website :web.tnmgrmu.ac.in.

7. DURATION OF THE COURSE :

The period of certified study and training for the Post-Graduate Diploma course shall be Two Semester (One Year)

8. COMMENCEMENT OF THE COURSE:

The course shall commence from **1st September** of the academic year. Cut off date for Admission is **30th September** every year.

9. SELECTION OF CANDIDATES:

The candidates for the POST-GRADUATE DIPLOMA COURSE IN AUDITORY VERBAL THERAPY Course can be selected by the centers on their own and the selection has to be transparent. After the selection of the candidates, the selected candidates list should be intimated to the University.

a) MEDIUM OF INSTRUCTION:

English shall be the Medium of Instruction for all the Subjects of study and for examinations for the POST-GRADUATE DIPLOMA COURSE IN AUDITORY VERBAL THERAPY

10. CURRICULUM:

The Regulations, Guidelines, Curriculum and the syllabus for the course shall be as prescribed in these regulations are subject to modifications by the Standing Academic Board from time to time.

11. CUT-OFF DATE OF THE COURSE:

- i) **30th September of the year concerned**
- ii) The candidates admitted upto **30th September** of the Academic Year shall be registered to take up the 1st year examination during October of the next year.

12. COMMENCEMENT OF THE EXAMINATION:

15th October / 15 April If the date of commencement of Examination falls on Saturdays, Sundays or declared Public Holidays, the examination shall begin on the next working day.

13. WORKING DAYS IN AN ACADEMIC YEAR.:

The academic year shall consist of not less than 270 working days.

14. ATTENDANCE:

The attendance shall not be less than 80% in theory and 90% in clinicals in each semester for students to be eligible to appear for examinations at the end of each semester.

No candidate shall be permitted to appear for the Examination unless he/she put in above said attendance during his/her period of study and training in the affiliated institution recognizes by this University and produces the necessary certificate of study, attendance and progress from the Head of the Institution by maintaining log book.

16 . CONDONATION OF BREAK OF STUDY:

The Break of Study for a period of less than 90 days can be condoned by the Head of the Department and the Break of Study for a period of more than 90 days and less than one year has to be condoned by the University authorities. The application form is available in the University website web.tnmgrmu.ac.in

17. RE-ADMISSION AFTER BREAK OF STUDY:

1. The course shall be completed within the period of Double the Duration from the date of admission.
2. The regulations for Re-admission are as per the University's Common Regulation for Re-admission .

18. MIGRATION/TRANSFER OF CANDIDATES:

Migration / Transfer of candidates from one recognized college to another recognized college of this University or from another University shall not be granted.

19. REVALUATION / RETOTALLING OF ANSWER PAPERS:

Re - totaling / Revaluation of answer papers is not permitted.

20. MAINTAINENCE OF LOG BOOK:

- Every Post-graduate Diploma candidate shall maintain a record of skills he has acquired during the one year training period certified by the various Heads of Departments he has undergone training.
- ☐ The candidates should also be required to participate in the teaching and training programme of the institute.
- ☐ In addition, the Head of the Department shall involve their post-graduate candidates in Seminars, Journal Clubs, Group discussions and conferences.
- ☐ The Head of the Department shall scrutinize the Log Book once in every three months.
- ☐ At the end of the course, the candidate should summarize the contents and get the Log Book certified by the Head of the Department.
- ☐ The Log Book should be submitted at the time of practical examination for the scrutiny of the Board of Examiners.

21. VACATION:

There is no vacation

22. Type of institutions that can offer the program:

- a) Only those institutions that fulfill the following criteria are eligible to conduct the programme i.e. Institutions offering RCI approved graduate programs in Speech & Hearing or Special Education in the area of hearing impairment or institutions with RCI affiliation for more than 4 years.

- b) Institutions having surgical facility for cochlear implantation and post implant habilitation facility, or having MOU with institutions having surgical and post implant habilitation facility.

23. Theory and practical work

****Resolved in the 62nd SAB held on 17.08.2023.**

Semester 1 & 2*

Semester	Title	Theory** Hours	Practical Hours	Clinical Hours
1	Auditory Verbal Techniques	50	40	--
	Spoken Language and Communication Development	50	40	--
	Child Development	50	40	--
	Clinical work			290
Total		150	120	290
2	Hearing and Amplification Technologies	50	40	--
	Parent Empowerment and Curricular Support	50	40	--
	Clinical work			380
Total		100	80	380

* Calculated on the basis that each semester will have 16 weeks with 5 working days, and each working day will have 7 hours. It means each semester will be of 560 hours (16 weeks x 5 days x 7 hours). This is in addition to examinations, preparatory holidays for exam, vacation etc.

** There shall be 5 units in each paper and each unit shall be taught for 10 hours.

Minimum Practical work: 1 and 2 semesters (Clinical examination)

S.No.	Activity	Sessions / Children	Hours
1	Unsupervised observations	50	50
2	Supervised observation of teaching sessions with Teacher Practicum Supervision Form	20	20
3	Practice sessions with Teacher Behavior Rating Scale (TBRS)	20	30
4	Assessed sessions (TBRS)	10	20
5	Practice of Phonetic Level Evaluation and Speech Strategies of Dr. Ling	30	10
6	Observation and practice –Audiograms 15 observations and 5 practice sessions	15	20
7	Practice – Hearing evaluation	5	10
8	Observation of Hearing aids fitment	10	20
9	Observations of Mapping sessions	10	20
10	Observation of Speech Perception Tests	5	10
11	Case studies including case history	5	10
12	Clinical work with Children with Hearing impairment		450*

* Auditory verbal therapy + Speech therapy

24. Scheme of Examination

Examination (theory papers) can be either by internal or external examiners. Clinical examination shall be by external examiner only. Internal assessment and practical examination shall be by only the faculty teaching a given paper. Preparatory leave of 2 weeks will be granted to the trainees prior to the external theory examination.

The scheme of examination shall be as follows:

Paper	Title	Theory	IA	Practical	Total
1.1	Auditory Verbal Techniques	50	20	30	100
1.2	Spoken Language and Communication Development	50	20	30	100
1.3	Child Development	50	20	30	100
1.4	Clinical*	80	20	--	100
2.1	Hearing and Amplification Technologies	50	20	30	100
2.2	Parent Empowerment and Curricular Support	50	20	30	100
2.3	Clinical*	80	20	--	100
	Total	410	140	150	700

****Resolved in the 62nd SAB held on 17.08.2023.**

25. DISTRIBUTION OF THE THEORY MARKS:

Type of Questions	Distribution of Marks	TotalMarks
Long Essays	1 x 10	10
Short Notes	10 x 4	40
TOTAL		50

26. Standard of Passing

The minimum percentage of marks required for passing is 50%, separately in theory, IA, practical and clinical examination. Class will be declared based on the aggregate of marks of both the semesters. The candidates will be declared to have passed the examination as follows:

First Class with Distinction	≥ 75%
First Class	≥ 60%
Second Class	≥ 50%

27. Reappearing Facility

A candidate has to pass each examination in not more than three attempts including the first attempt. The candidate to appear for the examination at the end of second semester must have passed all the papers of the first semester. The entire course itself should be completed in not more than 2 years.

Course curriculum for the Post Graduate Diploma in Auditory Verbal Therapy

Paper 1.1 Auditory Verbal

Techniques Objectives

At the end of the course, students should be able to

- 1) describe the history and development of auditory verbal therapy
- 2) understand the rationale, principles, strategies, techniques and procedures in auditory verbal method of teaching.
- 3) develop skills to practice AVT to facilitate normal integration of hearing impaired children
- 4) provide support to parents in an auditory verbal setting
- 5) develop skills in writing an auditory verbal treatment plan, and
- 6) understand the history and development of auditory verbal Teaching and its implications

Unit 1: History, Philosophy and Principles of AVT

10 hours

- 1.1 History of Auditory Verbal Practice and contributions of the pioneers
- 1.2 Evidence based practice and professional development requirements
- 1.3 Principles and procedures of Auditory Verbal Training
- 1.4. Pre-requisites of Auditory Verbal Training and the factors that affect the outcomes
- 1.5. Importance and system of documentation of diagnostic, clinical and referral reports

Unit 2: The auditory verbal treatment plan

10 hours

- 2.1. Base line assessment and short term goals based on normal development
- 2.2. Planning and execution of weekly session plans and recording diagnostic information
- 2.3. Age appropriate activities and instructional material for AVT sessions
- 2.4. Listening strategies and Techniques of AVT
- 2.5. Analysis of language samples to evaluate outcomes

Unit 3: Listening skills development and assessments

10 hours

- 3.1 . Need and importance of developing auditory skills and guiding and coaching parents to develop auditory skills at home
- 3.2 . Stages of auditory hierarchy and sequential planning through hierarchy of listening skills
- 3.3 . Importance and need for assessments in four areas of audition, language, speech and cognition
- 3.4 Formal and informal assessment of functional listening skills and the use of six sounds
- 3.5. Test results to make recommendations to parents about management of their child with deafness/ hard of hearing including development of auditory skills

Unit 4: The auditory verbal therapy plan**10 hours**

- 4.1. Planning long- and short-term goals: Working with babies below the age of two years
- 4.2. The importance of singing and early learning to listen sounds: Importance of home training activities
- 4.3. Introduction to parent counselling, facilitation of parent participation and transfer of skills
- 4.4. Importance of neural plasticity subsequent to auditory stimulation
- 4.5. Recognition of red flags and action plan

Unit 5: The role of parents in Auditory Verbal Technique**10 hours**

- 5.1 The role of parents in auditory verbal plan and the team approach
- 5.2 Sharing goals and diagnostic evaluation with parents in every session
- 5.3 Coaching Parents during the session and to encourage participation
- 5.4. Transfer of goals from therapy to home
- 5.5 Management and realistic expectations of children with additional issues

Practical

- 1.1.1 Observe and write listening strategies used in one to one session (4 sessions)
- 1.1.2 Write 3-months AVT plan for a child with cochlear implant
- 1.1.3 Plan short term and long term goals for a child (2 children)
- 1.1.4 Role plays of reading stories to children of different age group of 2 years to 5 years (4 children)
- 1.1.5 Observe and record the behavior and language of normal hearing children of the age of 2 to 5 years (4 children)

References

Estabrooks, W. (2006). Auditory Verbal Therapy and Practice, AG Bell Association for the Deaf and Hard of Hearing, Inc.

E. Cole., & C. Flexer. (2007). Children with Hearing :Loss Developing Listening and Talking Birth to Six, Plural Publishing

Estabrooks, W. (1998). Cochlear Implants for Kids, AG Bell Association for the Deaf and Hard of Hearing, Inc.

Estabrooks, W., & Marlowe J, The Baby is Listening, A G Bell Association for the Deaf and Hard of Hearing, Inc, Washington DC

Pollack, D.(1970). Educational Audiology for the Limited Hearing Infant, Charles C. Thomas

Simser, J. (1993). Auditory-Verbal Intervention: Infants and Toddlers, Volta Review 95(3), 217-229

D. Ling., & A.G. Bell. (1989). Foundations of Spoken Language for Hearing-Impaired Children

DI. D. Ling., A. Ling., & A.G. Bell. (1978). Aural Habilitation: The Verbal Foundations of Learning in Hearing-Impaired Children

Estabrooks, W. (1994). Auditory Verbal Therapy for Parents and Professionals, A.G. Bell Association for the deaf and hard hearing

Flexer, C. (1994). Facilitating Hearing and Listening in Young Children. Singular Publishing Group, Inc. San Diego

Paper 1.2

Spoken Language and Communication Development

Objectives

At the end of the course, students should be able to

- 1) explain the anatomy of the speech mechanism and its role in the development of age appropriate speech
- 2) describe the normal development of phonology in hearing babies and young children (birth to age 5 years)
- 3) describe normal development of language, hearing, cognition, and pragmatics list and explain the types and stages of play and how to assess play in children
- 4) describe the impact of additional difficulties (sensory integration/attention difficulties) on the rate of progress in children with deafness/ hard of hearing.

Unit 1: Speech and Hearing Development

10 hours

- 1.1 Anatomy and physiology of the speech mechanism
- 1.2 Speech acoustics and its application: Fundamentals of acoustic phonetics
- 1.3 Emergence of speech sounds and phonological development (birth to age 5 years)
- 1.4 Typical errors in the emerging speech of hearing children
- 1.5 Formal speech assessment: tests and techniques

Unit 2 Language Development

10 hours

- 2.1 Aspects of language (phonology, morphology, syntax, semantics & pragmatics) and theories of language development
- 2.2 Acquisition of spoken language development (0-6 years)
- 2.3 Development of complex conversational competence
- 2.4 Development of divergent/convergent thinking
- 2.5 Development of second language, bilingualism
- 2.6 Factors affecting language development

Unit 3 Methods of Developing Language

10 hours

- 3.1 Principles of language teaching
- 3.2 Methods of language development – natural, structural and combined methods
- 3.3 Techniques and strategies used in the development
- 3.4 Spoken language modelling, prompting techniques, responsive teaching
- 3.5 Teaching meaningful and interactive conversation
- 3.6 Computer aided language teaching techniques

Unit 4**Language Disorders and Assessment****10 hours**

- 4.1 Factors influencing language development
- 4.2 Characteristics of language disorders
- 4.3 Need, relevance and challenges in the assessment of language
- 4.4 Formal and informal tests of language and communication
- 4.5 Emergent literacy development

Unit 5: Children with Associated Disorders**10 hours**

- 5.1 Sensory integration: what it is and its implications
- 5.2 Attention difficulties: what it is and its implications
- 5.3 Perception – Development and disorders
- 5.4 Red flags: what they are, identification, implications and management
- 5.5 The team approach
- 5.6 Case studies

Practicals

- 1.2.1 Obtain and analyze a language sample
- 1.2.2. Obtain and analyze a speech sample
- 1.2.3 Record the language used in daily routine activities of a family (4 children)
- 1.2.4 Track the progress of a hearing impaired child for six months and language

References

Paul R. (2007). Language disorders from infancy through adolescence. Mosby; Elsevier.

Riper C. V. (1996). Speech correction: An introduction to speech language pathology. Allyn and Bacon.

Robertson I. (2009). Literacy and deafness. Plural Publishing.

Shulman, B. B., & Capone, N. C. (2010). Language development: Foundations, processes and clinical applications. Jones and Barlett Publishers

Haynes, W. O. (2008). Diagnosis in Speech-Language Pathology. Pearson Education, Inc.

Hulit L. M. (2002). Born to talk : An Introduction to Speech and Language Development. Allyn and Bacon.

Mc. Laughlin, S. F. (2006). Introduction to Language Development. Thomson.

Riper, C. V. (1996). Speech Correction: An Introduction to Speech Language Pathology. Allyn and Bacon.

Zemlin, W. R. (1998). Speech and Hearing Science. Allyn and Bacon.

Paper 1.3

Child Development

Objectives

At the end of this course, the students should

- 1) have knowledge on the normal development in hearing, language (receptive and expressive), cognition, communication or pragmatics,
- 2) be able to list and explain the type, stages and assessment of play in children,
- 3) be able to understand normal development and its disruption because of hearing impairment
- 4) be able to understand the auditory brain development and its implications
- 5) know and understand the integration of development in four areas of audition, language, speech and cognition, and
- 6) should be able to facilitate incidental learning in young children with hearing impairment

Unit 1: Child development stages and learning style

10 hours

- 1.1 Developmental milestones (birth to age 5 years) in audition, language (receptive and expressive), cognition and communication in hearing babies and young children
- 1.2 Developmental milestones in cognition and the role of cognition in language development
- 1.3 Influence of associated factors on child development—culture, community, family and associated problems
- 1.4 Theories of learning and factors affecting learning
- 1.5 Multiple Intelligence and learning style of children

Unit 2: The significance of play

10 hours

- 2.1 Types of play in hearing children
- 2.2 The role of play in child development
- 2.3 Assessing and encouraging play in children
- 2.4 The role of play in language development
- 2.5 Role of the Auditory Verbal Therapist in developing play in children who are deaf or hard of hearing.

Unit 3: Understanding behavior of children

10 hours

- 3.1 Techniques and strategies of behavior management
- 3.2 Rules and adaptation for discipline in young children
- 3.3 Parents guidance in behavior management and techniques of behavior modification

- 3.4 The relationship between learning and behavior
- 3.5 Management of children with delayed milestones

Unit 4: Children with additional difficulties

10 hours

- 4.1 Sensory integration: what it is and its implications
- 4.2 Attention deficit, causes and implications
- 4.3 Conditions related to hearing impairment--sensory integration deficit, autism spectrum and learning disability
- 4.4 Red flags: What they are, identification, implication and management
- 4.5 The team approach to help children with additional issues

Unit 5: Assessments and procedure

10 hours

- 5.1 Importance and need for assessments
- 5.2 Informal and formal assessments in language and speech of the children between 0 to 5 years
- 5.3 Relevant standardized assessments for the children from 0 to 5 years
- 5.4 Listening: from simple to complex and how to develop it
- 5.5 Managing disruptive behavior of children in a session

Practicals

- 1.3.1 A case study: to track the progress of a hearing impaired child for nine months
- 1.3.2 Write action plan for a Red Flag case
- 1.3.3 Observe and track development of normal hearing and hearing impaired children
- 1.3.4 Observe and record the behavior of a 3-years old normal hearing child in a group of hearing impaired children
- 1.3.5 Write a behaviour modification plan for a child with behaviour issues
- 1.3.6 Assessment of play in children and role of AVT in developing play in children with hearing impairment

References

Cole, E., & Flexer, C. (2007) Children with Hearing Loss Developing Listening and Talking Birth to Six, Plural Publishing

Flexer, C. (1994) Facilitating Hearing and Listening in Young Children. Singular Publishing Group, Inc. San Diego

Meaningful Auditory Integration Scale (MAIS) and Infant-Toddler Meaningful Auditory Integration Scale (IT-MAIS)

Boehm, A. (1986). Boehm Test of Basic Concepts-3; The Psychological Corporation,

San Antonio, TX

Bracken, B. (1984). Bracken Basic Concept Scale-revised. The Psychological Corporation, San Antonio

TXWadsworth, B. J. (1979) Piaget's Theory of Cognitive Development. Longman, NY

Paper 2.1

Hearing and Amplification Technologies

Objectives

At the end of this course, the students should acquire knowledge of

- 1) the auditory mechanism and its working,
- 2) the audiometric tests and differential diagnosis,
- 3) implantable and non-implantable devices
- 4) the benefits and limitations of different types of amplification systems,
- 5) candidate selection and programming,
- 6) auditory assessment in children for cochlear implantation, and
- 7) the knowledge of the factors that determine the outcome of implantable devices.

Unit 1: Anatomy and Physiology

10 Hours

- 1.1 Anatomy of the ear
- 1.2 Physiology of hearing
- 1.3 Classification of hearing loss
- 1.4 Causes of hearing loss (congenital and acquired: Syndromic and non-syndromic)
- 1.5 Auditory plasticity

Unit 2: Applied Audiology

10 Hours

- 2.1 Hearing evaluation (pre and post implantation): Protocol for infant hearing screening (formal as well as informal): High risk register
- 2.2 .Auditory verbal international audiological protocol and techniques for neonatal hearing screening
- 2.3 Different types of auditory tests: Tympanometry and middle ear acoustic reflex: Evoked potentials in hearing assessment
- 2.4 Trans tympanic electrically evoked ABR: Oto acoustic emission and newborn hearing screening
- 2.5 Need for test battery approach: Importance and limitations of different tests/approaches of hearing evaluation: Linking audiological findings to management

Unit 3: Technology

10 Hours

- 3.1 Technology for hearing restoration using cochlear implant
- 3.2 Surgical issues and methods
- 3.3 Candidacy for cochlear implant and realistic expectations (Pre-lingual and post –lingual)

- 3.4 Application of intra-operative and post-operative measures
(Aided audiogram., electrically evoked ABR (eABR), trans-tympanic eABR, electrically evoked compound action potential, electrically evoked stapedial reflex, cortical auditory evoked potentials (electrically evoked and acoustically evoked).
- 3.5 CI programming: device activation: Mapping and re-mapping

Unit 4: Technology for hearing restoration

10 Hours

- 4.1 Hearing aids
- 4.2 Middle ear implant
- 4.3 Implantable bone conduction devices
- 4.4 Auditory brainstem implan
- 4.5 Assistive listening devices: Nature and benefits
- 4.6 Benefits and limitations and different amplifications and their selection / fitting
- 4.7 Care and maintenance of the devices including CI

Unit 5:Challenges and issues relating technology

10 Hours

- 5.1 Challenges and issues related to candidacy and outcome
- 5.2 Medical and radiological
- 5.3 Hard failures and soft failures
- 5.4 Recent advances in hearing restoration
(Bilateral hearing, bi-modal hearing, electro acoustic hearing, cochlear implantation in single sided deafness)
- 5.5 Care and maintenance of different systems: Trouble shooting and counselling

Practicals

- 2.1.1 Cochlear Implant Programming (10 sessions)
- 2.1.2 Should prepare a clinical practicum which should include different ways of establishing “T” levels (threshold level) and “M” or “C” levels (comfort levels).
- 2.1.3 Importance of impedance field telemetry / impedance telemetry
- 2.1.4 Care and maintenance of the device
- 2.1.5 Switch on programs and change volume levels.
- 2.1.6 Counseling and decision making session: The students should acquire knowledge on realistic expectation on the outcome of CI relating to bilateral severe to profound sensory neural hearing loss, auditory neuropathy spectrum disorder, single sided deafness, congenital inner ear or auditory nerve anomalies,ski sloping sensory neural hearing loss, subject with congenital atresia
- 2.1.7 Troubleshooting of cochlear implants and hearing aids.

References

Arthur, S. (2008). Digital Hearing Aids. Thieme Publishers

Brad, A. S. (1998). Clinical Audiology: An Introduction. Singular

Frederick, N. M., & John, G. C.(2014). Introduction to Audiology: Global Edition.
Pearson, 12 Edition

Jace, W., & Erin, S. (2010). Programming Cochlear Implants (Core Clinical Concepts in Audiology). Plural Publishers, California

John, K. N. (Editor)(2009). Cochlear Implants: Principles and Practices.
LWW. Kompis, M. B., & Caversaccio, M. D.(Editors) (2015).
Implantable Bone Conduction Hearing Aids. Karger

Michael J. R. (2012). Cochlear Implants and Other Implantable Hearing Devices.
Plural Publishers, California

Zemlin W. R. (1998). Speech and Hearing Science. Allyn and Bacon.

Paper 2.2 Parent Empowerment and Curricular Support

Objectives

At the end of the course, students should be able to

- 1) list the factors that determine readiness for inclusive education.
- 2) develop skills in reading books to babies and young children so as to maximize development of their auditory memory and receptive and expressive language skills.
- 3) prepare the parents for school readiness and inclusive education
- 4) guide and coach the parents to develop auditory skills in their children, and
- 5) be able to facilitate normal integration of hearing impaired children

Unit 1: School Readiness and Inclusive Education

- 1.1 Concepts of school readiness and transition and the role of transition period in preparation of integration
- 1.2 Recommendations for mainstreaming and the factors influencing recommendations
- 1.3 Parents readiness for integration in regular schools and to develop parents' Advocacy
- 1.4 Formal and informal assessments of child readiness for integration in regular schools
- 1.5 Strategies of pre-teaching and post-teaching language needed for academic assessments

Unit 2: Integration in Mainstreaming

- 2.1 The importance of reading and strategies for the development of reading
- 2.2 Curricular objectives that meet local standards in areas of instruction
- 2.3 Process of developing individualized educational plans
- 2.4 Development of social interaction skills in children
- 2.5 Importance and development of experience books

Unit 3: Emergent Literacy

- 3.1 Using language to communicate and developing vocabulary and categories
- 3.2 The role of the Auditory Verbal Therapist in the development of pre-reading skills: Techniques of reading to babies and young children
- 3.3 Emergent reading and writing skills
- 3.4 Role of executive functions in reading: Guiding and coaching parents in reading
- 3.5 Phonemic awareness and sight word recognition
- 3.6 Using numbers in daily experiences: Understanding simple mathematical operations

Unit 4: Impact of hearing impairment on family

4.1 The Grieving process and stages of grief

4.2 Coping mechanism and stress management

4.3 Family system and impact of hearing impairment on family

4.4 Understanding of the diversity of culture, language and family

4.5 Different structures of family system and family counselling techniques

Unit 5: Development of skills of parents as partners

5.1 Adult learning styles to develop skills of parents

5.2 Skills of parents in behaviour management technique

5.3 Skills of parents in developing language of their children through daily routine

5.4 Parental interactions and conversations with their children

5.5 Planning and execution of auditory verbal techniques

Practicals

2.2.1 Observe role play of parent guidance

2.2.2 Undertake field trips for environmental studies and write a report of language & knowledge enhancement opportunities

2.2.3 Observe parents guidance session

2.2.4 Guide and coach the parents in strategies, techniques and procedures in AVT

2.2.5 Make the parents understand their role in the education of their children 1.5.6

2.2.6 prepare picture stories for development of verbs – categories

2.2.7 Prepare an arithmetic kit for developing mathematical concepts

References

Anderson.P.S & Labb.D (1988) *Language skills in elementary education*. (4th Edition). New York

Luterman, D. (2002). *When your Child is Deaf. A Guide for Parents*, New

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