

ROUGH EDITED COPY

NATIONAL CENTER FOR HEARING ASSESSMENT AND MANAGEMENT  
UTILIZING LANGUAGE SAMPLES FOR  
CLINICAL DECISION MAKING  
DECEMBER 8, 2016

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>> JEFF HOFFMAN: If you didn't hear it, if you are  
having significant difficult with the signal breaking up,  
you might want to try logging off of the webinar and logging  
back on. It might be a problem in your Internet connection.  
Kristina and Nicole, let's go ahead and do a quick audio  
check for the participants who signed on early. Kristina,  
would you say a few words.

>> KRISTINA BLAISER: Hi, this is Kristina.

>> Nicole, would you like to say a few words and make  
sure we're having -- you're coming through okay.

>> NICOLE MARTIN: Good morning this is Nicole Martin.

>> Great. Okay. I was hearing both of you. It  
looks like those of us -- those colleague who is are

monitoring it came through okay. We're going to be starting in about ten minutes. So settle in. Get ready for an exciting and informative webinar and we'll be back in a few minutes. Thank you.

[Captioner standing by]

>> Hi, this is Jeff Hoffmann for the National Center for Hearing Assessment and Management again. Doing a quick sound check for our captioner, and it looks like the captioner is hearing me okay. Thank you very much.

[Captioner standing by]

[Music]

>> Hi, this is Jeff Hoffmann with the National Center for Hearing Assessment and Management for those of you who have just joined us, we would like to do a quick sound check with our presenters in preparation for today's webinar. If you're having, as you can see from the note on the screen, if you're having difficulty hearing the presenters, adjust the volume on your computer speakers or head set to your comfort level.

And if you're having significant difficulty, if it's breaking up or a lot of static or something like that, the problem may be your Internet connection. If that's the case, try logging off the webinar and rejoining. Let's do a quick sound check with our presenters. Kristina, would you say a few words so people can hear you okay.

>> KRISTINA BLAISER: Sure. Hi, this is Kristina Blaiser.

>> JEFF HOFFMAN: Thanks, Kristina. And, Nicole, would you do a quick sound check also.

>> NICOLE MARTIN: Hello, this is Nicole Martin.

>> JEFF HOFFMAN: Thank you very much. For those of you listening, we're going to come back with the webinar in about three minutes so we'll reconnect with you then. Thank you.

>> Audio recording for this meeting has begun.

>> Hello and welcome to today's webinar which sentence titled "Using language samples for utilizing decision making" we're going to hear from Kristina and Nicole. I'm Jeff Hoffmann with the National Center for Hearing Assessment and Management which is hosting this webinar. This webinar is being recorded and will be available soon on [infantheating.org](http://infantheating.org).

Near the end of today's webinar, we'll open up a question and answer box in which you may write questions or presenters. Notice that there's a handout that you can download over on the left side of the screen by clicking on it. And that will be useful during the presentation. I'm going to turn the Mic over to Dr. Blaiser and Nicole to present the webinar. Thank you.

>> KRISTINA BLAISER: This is Dr. Kristina Blaiser and I'm going to start the presentation and Nicole will be leading the second half of the presentation. So we're going to talk a little today about how do we use language samples and use them clinically as we get started here. So as we know, there's been significant changes in the population of children who are deaf and hard of hearing that has impacted the outcomes we're seeing. Newborn hearing screening, early identification and intervention, and also the advanced hearing technology. All of these things have really led to improved outcomes for children who are deaf and hard of hearing.

Well, with this, we've also seen some changes in what we now consider to be best practice. So now, best practice is really using standardized assessments on peers with normal hearing to evaluate the speech and communication skills of children who have deaf and hard of hearing. These assessments we often use don't provide some of the information that is needed to really look at the specific needs of children who are deaf and hard of hearing.

One of the things we see often is that children who may have hearing loss may have difficulty accessing high frequency information. This has pretty significant impact on some of the phonological development as well as things like syntax, semantic ticks and pragmatics. The examples

we're using often don't give us specific information to address or identify some of those needs

One of my students has done her thesis on looking at professionals who specialize in serving children who are deaf and hard of hearing and looking at how professionals are using language sampling and how many people are out there doing that. From a group of 168 specialist, this could be speech language pathologist, deaf educators, audiologist who have self- identified as being people who focus on working with children who are deaf and hard of hearing, about 91% of those providers do language samples on a pretty regular basis.

So what are they looking for? And what we found are that most of the providers who have lot of experience with children with hearing loss are sensitive to this idea that some of those pieces that are high frequency may be missing, omitted or not present in the child's language. And that they're using language samples as a way to identify some of those specific needs.

A lot of professionals reported using language samples to look at intelligibility or pragmatics such as turn taking. They also use the castles or the TASL to be able to compare these language samples or use these samples to look as a checklist.

While so many professionals are actually using

standard -- or language samples as important informational tool, a lot of them are still using those norm reference assessments primarily to look at intelligibility. This chart basically shows you that norm reference assessments, even though we know they're not really giving us all the important information we need, are still really the kind of go to option for eligibility.

So this slide just shows that providers really think that language samples do provide this really specific information that norm reference assessments cannot provide. Most people think they strongly disagree they can't provide this assessment but language samples can.

What are we looking at language samples for? Language samples are nice because they not only measure how much the child is talking but we can also look at the complexity or quality of the language that we are obtaining.

The other thing that's really nice about language samples but not a lot of people are publishing on but we're seeing a lot practically, are that simple language samples can offer a lot of information on the child's performance. So we're going to take a look at a couple of specific language samples and see, just a ten or 12 utterance language sample can provide in terms of giving extra information.

Components of language samples are they can test

across communication domains. We can look at articulation, syntax. They can give us information about semantics and vocabulary the child is using. We can also use language samples to look at the pragmatics or how a child is using language if we really are looking for communication and variety of turns the child is taking.

The other nice thing is that we can administer them or obtain them more frequently than we can the norm reference assessments so many of us use. Maybe a norm reference assessment would be given on an annual basis, but maybe we need to see how a programming change for a cochlear implant if that's made different, maybe a language sample would be nicer to use on a more frequent basis to give us more specific feedback on how the child is performing.

So we're going to talk today a little about the intervention, interprofessional collaboration and parent support of ways we can use language samples. I'm going to focus on the intervention and interprofessional collaboration aspects and Nicole will talk more about the parent support aspects.

So when we think about clinical decision making what do we think about in terms of qualification or eligibility? I'm going to show you two- case studies of language samples that I did when I was working with the northern voices group and we presented this in 2009. But this is just looking at

a language sample. Again, this is not a 50 utterance language stamp but we're looking at what is the child's language they're producing in a short sample of the and what we're seeing is that this child was below the normal limits as compared to peers on a standardized assessment.

We can see how would this child perform in a mainstream setting with this type of language sample. This is an important thing. You can look at the strengths and weaknesses of this sample.

The second language sample we had was a year later. What you can see is that the child has a lot more developed language. So we use this language sample to supplement the standardized assessments we were using to show the child, even though below normal limits compared to hearing peers, that he had a lot more language to speak for himself in terms of being in a mainstream classroom.

I see a question, but maybe that went away.

>> JEFF HOFFMAN: We'll have questions when you and Nicole finish.

>> KRISTINA BLAISER: Okay. Perfect. Thanks.

So as we think about how do we use those language samples for qualification and goals, we look at the strength of the language sample in terms of the child is using pronouns, so he's using he and me. There's ING endings. The ability to answer yes/no questions and there's different

verbs being used. But we can also look at some of the targets we might be able to have that we would want to be increasing. There's some emerging two-word come but nations or maybe a few higher level sentences, but may be looking at combining words for frequently. Expanding vocabulary, and pronouns to use the language samples as a way to look at the child's strengths and targets we have been able to do this in a month or two months to be able to monitor if that child is getting closer to the targets we wanted them to be able to do

The other important aspect is that people, even though they were doing these samples on a frequent basis, they weren't using language Sampson often to collaborate with other professionals. One of the things I think language they offer is the ability to look at the child's production in a closer way.

If we look at this language sample and see what the child is producing they have multiple word utterances. Using pronounces. Using the same structure a lot. He going, he have. But if we look at this, we see there's quite of bit of information that's missing, specifically in some of that high frequency area. So if we look as a slide that this comes from Cole and Flexor 2016 book but adopted from Daniel Ling. One of the things that is nice is the child is missing information in that high friends area.

If we go back, we can see the third person singular, we're missing the is, third person singular so as we go through, this might be an opportunity for us to collaborate not only with an audiologist to say how did the child doing in producing high friends pieces but to talk to the classroom teacher and seeing if they're using an FM system to talk to the parents about importance of using those high frequency pieces as well.

It gives us an opportunity to health what is present and what is missing. A lot of times what people are looking at that was a child that did not unqualified based on the assessments. He was performing with formal limits on I think the PLS. If we did not look at a language sample, we would have missed the fact that there is a some of this high frequency information that was being -- really omitted from his language. So the child did get a cochlear implant. And this is the language sample at the second time point. And what you can see is that those pieces, those high frequency pieces, are really frequent here. So there's a plural "S" here. There's a possessive "S" here. The child continued to be within the normal limits. But this piece of the language was not present and you can't see that until you hook at the language sample.

These are a great way of supplementing those assessments and monitoring progress over time particularly

when kids do not qualify for services. The other thing is look at interprofessional collaboration with classroom teachers. We've been doing a study in Idaho looking at language samples over time. One of the things that's really nice to be able to look at with a classroom teacher, and this one -- something happened the second time where the language samples went down a little. But what we can do is do discussion. This is MLU, but we could look at things like number of different word. We could look at number of turns taken. And what you can see is that they're quite a few children who are performing well, but then talking more about what is happening with this child at the bottom or why is this child not making progress.

And this is been an important way for us to have communication with the teachers and what they see in the classroom, but also with the parents in terms of being able to have sometimes difficult discussions about why is a child not making more progress and what do we need technology. Is the hearing technology right. Do we need more therapy or less therapy. This is how do we use data or evidence on how a child is performing and make decisions in the classroom and professional lines as well.

So this idea is just to light a spark with all of you to be able to think of, are you using language samples, are you collecting them on a regular basis? But is there a way

you could be using them now outside of how you're typically using them? The research that Megan did was saying that people are using them a lot for a parent reports and to discuss progress. But they weren't using them outside of their own profession in terms of interprofessional collaboration or for eligibility.

One of the things we've been thinking about here is part of the reason eligibility is often not talked about is because people are so adhered to norm reference assessments and there's no standard protocol for us to be able to use language stamps so some people are using it by the number of utterance collected. Some people do it by time. We're working on piloting what we call the language sample snapshot. We would be looking at a short amount of utterances but specific errors children with hearing loss may be making and looking at if we have a specific protocol if they would help us in terms of eligibility or using that data in a more concrete way for those difficult conversations we're having when kids don't qualify at young ages

Here's my contact information, and I'll turn this over to Nicole.

>> NICOLE MARTIN: I am Nicole Martin. I'm excited to add my comments to Dr. Kristina Blaiser's and incites we have how language can be used for parent coaching and

advocacy trainings. I'll share had you we used them for progress monitoring and target intervention. When we consider the language development of a child I like to set a focus E. Data collection and reporting served as part of best practice in a clinical setting. However, clinicians spent their energies describing to a parent how their children permed with regard to language measures in the clinical settings, and direct parents to complete home carry over lessons so the child can return to the setting and complete a speech or language exercise to the satisfaction of the clinician.

The clinician was satisfied, wrote up a finding, shared this report with parents but with the trend of the field to turn their therapy into a parent or coaching model, the focus shifted. So we, as clinicians, support the success of each child with their families in their natural environment. We can use language samples to empower families, become involved in study and facilitate their child hang wage. We tap into the one who is know their child best. They are with them the most. They are with them throughout their life and they know their home language the best. Which is different at time from a child's school language.

As we consider settings for where to study a child's language, let's think about where the child's success counts

the most. Especially in early intervention and preschool years. One could argue the most important place for a child to successfully communicate would be in their homes with their families. You can argue how the other settings rank in order of purpose. But I would submit when you weigh out a child's life over the years it's not last on the list, one of the least important persons for a child to successfully communicate with would be his therapist.

So it becomes important that the parents are involved intricately in the language sample process so that we can ensure that we have a true view of how a child is using language in the most important setting. The only way is to educate parents with each measure we use. These measures I have listed here, you might say to me these terms are only access to believe a parent with formal education, but I really hope that you wouldn't limit the potential for your parent's various educational backgrounds to become not only familiar with these measures but to effectively use them advocate for services for their children.

I will describe a case study of a child whose parents do not have formal educational experience beyond high school. This is a spreadsheet relating the data of a five- year- old girl I'll call Kami who I provided individual therapy for in our Sound Beginnings program. Her family moved out of state a year before so their daughter could attend our program

after having received insufficient audiological support and intervention services in her home state. I served as her speech language pathologist and collected data relative to language samples throughout that school year, which is the last year she participated in that program.

Along with weekly e sessions each month, I sat with Kami's mother to review the information and how it conveyed continue wall growth over the year with points of regression in January and again in April, following periods of destruction to the therapeutic support because of Christmas break and spring break. But her mother understood how the progress data showed she improved. The improved morns were consistent with Kami's family's observations and her mother reported to me when they traveled back to their home state, Kami finally had a relationship with her grand pa because she was intelligible to him and they're resolving connections to each other.

This shows aspects of communication which is important to you to coach parents in the observation of the child's functional use. Parents can be trained to watch for aspects is of vocal qualities, speech accuracy and complexity of their child's language. Later on I'll share tools we can provide to parents to observe observations important to share with clinicians and allusion audiologists. The important aspects it to educate them in

the various pragmatic skills.

It's important for us to consider with parents regarding whether a child's functional performance in language development is consistent with result us. Does language structure and running conversational speech match itself or does running conversational speech match [indiscernible].

As we identify patterns of errors and points of break down, it also becomes important to train a parent's awareness of what could be using the issue. I'll share more about these types of issues with conversations with parents later as I discuss Kami's continued case study.

Parents should be involved in helping to determine a child's success in achieving individualized goals as well as benchmarks seen across various settings and how they relate to age appropriate marks. Let's go back to Kami.

Her family moved back to their home state and entered Kami, who was six, into kindergarten. They were equipped with the I EP that served Kami at that time from the last of the days at Sound Beginnings and IEP was filled with recommendations for continued success in the mainstream environment.

Unfortunately, the SOP at that mainstream school did informal assessments and determined Kami didn't need all of the recommended IEP minutes for speech and language

intervention. She stolid told the classroom teacher that Kami was doing, quote, just fine for a deaf child, quote. I hope we're all cringing as we hear this.

When that fell on her mother's ear, he Marched into the principal's office with this spreadsheet that she had become familiar with at her time at Sound Beginnings. After reviewing the previous summary sheet, the principal determined to reverse the SOP's decision and guaranteed that Kami would not have her speech language intervention reduced. They would abide but the recommended amount of therapy time specified to continue that progress would be made in the mainstream environment.

Please note this mother had independently used language sample data and terminology to successfully advocate for services in the mainstream environment.

Again, please don't that though her formal education had not gone past high school, she had successfully become the well versed apparent clinician to wield her way through the mainstream system to secure support for her child.

I would advocate, please, never underestimate any parent's capacity to grow into the child's most effective, lifelong therapist and advocate. Is Kami's family still determined to maintain their support. I'm happy to provide updates on this case and show formal conversations can serve well equipped parents to understand points of break down in

their child's language development.

In the fall of 2015, Kami, then 8 years old, came with her family to our clinic. While her father was with Kami and the audiologist, I sat with her mother and the other children in another room to provide on going coaching to the mother.

Kami's mother reported that Kami was often showing a lot of what they called final consonant deletion. She learned a lot in our time with us. She found that in her running speech on running words like, what. Her mother was worried because Kami previously used final consonants in running speech. She was worried her daughter was getting what she thought was lazy with her speech sounds.

As you hear this, if you had been sitting with Kami's mother, what would you have thought. Was the point of breakdown a hearing, language or speech issue? Or was it a problem with motivation or effort on the part of the child? What other information would you want to know? I asked her mother if the final consonant deletion errors consisted of high frequency sounds. This mother had become savvy. She promptly reported she didn't expect a hearing problem because her daughter performed well on a link sound listen check.

So again, I'm going to ask you your thoughts, where is the point of breakdown? Hearing, language, or speech?

I'll share what my considerations at that time were. I told the mother to think about how the sounds in the checks were presented in isolation in an ideal acoustic condition. They needed to consider that even though Kami had heard the SHH and TH in isolation, that in comparison, final consonants in running speech are presented with unstressed energy in a complex listening environment.

Again, it's important for us to consider and for us to coach parents that routine assessments should always be compared against functional performance. I made sure that her mother understood that this final consonant deletion issue of higher frequency sounds would be important information to share with an audiologist.

Interestingly enough, though the mother didn't go into the audiology appointment like I recommended to provide that information during the taping session, the audiologist determined a need to adjust the cochlear mapping to support the higher frequencies. And the next time she showed up for a routine check in March of 2016. Her mother reported that Kami had almost no trouble with final consonant deletion at that time. So for me it confirmed it was a hearing issue.

I'll share something that hopefully will make you smile. This same child whose lower speech and language performance had two years previously dubbed as being just fine, quote, for a deaf child, end quote. Two and a half

years later in March of 2016, the mother reported Kami was doing so well at her mainstream school, they ask that she be evaluated for gifted education. I asked, what would have happened had that mother not understood Kami's earlier language development as documented through language sample report the and for continued growth she was forced to advocate supportive services for, would Kami still have qualified for gifted and talented programs? I'm doubtful.

Some of the staff had been so consent to dub her lower performances just fine for a deaf child, until Kami's mother raised their levels of expectation for her child.

Another update, last month, Kami who works is presently nine, she returned with her family for a cochlear implant mapping. She's achieving with excellence in the school setting, however it's becoming harder for her to navigate reading comprehension task. The important question comes into play regarding where else the point of break down and what is needed to support continued growth?

During the IEP meeting this school year, they end educated Kami was making speech errors but the errors would be expected due to severity of the child's hearing loss. Again I hope you're grasping as you hear this. The mother and audiologist promptly informed the SOP and other members of the team that with the use of implants Kami would be expected to hear all speech sounds. Kami's mother didn't

have to stop and wonder, she knew the point of break down and so did the audiologist. They indicated a hearing issue, need to refer for cochlear mapping.

I'll give you another point to make you smile. This time, the mother had more delightful news regarding Kami's continued success. On her own, Kami decided to run for class office without mom knowing, Kami, all of 9 years old, wrote up her own campaign speech and stood in front of the class to deliver it to her peers. She was so convincing her peers voted her to be the class president. Kami did that all on her own.

Again I ask you, what would have happened if the school staff and even Kami herself had perceived her potential as a lowered expectation for speech and language development, would she be currently serving as the class president? And I ask you, who over the years had been Kami's most important language expert, therapist, and advocate? Not I, certainly not that other SOP. Please involve your parents in the language sample process. It's the parents.

Now I turn to another topic that's dear to me, that is using language samples for multidisciplinary collaboration. Remember the apparent is still the gold den member of that team. Last January, Sound Beginnings compared a language analysis. Typically most programs

language samples are conducted by the clinician in the individual therapy sessions. They share reports and data with the team. And classroom teachers nod shrug or have information to provide but not strong data even though the classroom teachers are there the longest and serve the children in a wider range of context.

Wondering what we would learn if we did a comparative language analysis across individual therapy and classroom settings, we evened the playing field, both settings during the time period, we collected videos of children engaged in activities. 50 utterances from a complexity for each child they were analyzed and compared to age appropriate benchmarks. As the director I reviewed the reports to ensure consistency.

The multi-disciplinary team met to compare findings and interpreter results. Interestingly enough half of the children used higher accuracy in the classroom compared to individual therapy room. We are going to be conducting another comparative language sample in the next couple of month to see if same results are found and what it may imply in tells me of program planning.

What we did learn is that with this language sample, the classroom teacher was more equipped to share comparative data of child performance with the SOP to determine success across settings. The collaboration of the multidisciplinary

team was a richer discussion targeting intervention than when data was obtained by one teacher or therapist.

We found that classroom teachers were more adept in language structures to target and infuse in their daily teaching in support of a child's continuing development. Of course, we have to wonder what opportunities this may be to involve parents for a home based language observation and what tools would be best equip parents to facilitate their involvement. Do a comparative study across the school and home environment.

I shared our findings. Here was an unexpected find we discovered though during this language sound process. Note the different between child number five and six. See how number five has such lower performance in terms of accuracies at various TASL levels but you're in for a surprise. Child number five do not meet criteria for any benchmarks. However, he was or served in the video to be a leader. Assigning roles. He is an invited reluctant peers to engage in the group. He was confident and enthusiastic his peers sought him out. He was the one that developed cooperative play skills

Child number six he met appropriate criteria for the benchmarks, however he was observed in the video to with draw from his peer group in a corner. He demonstrated solitary play skills. He demonstrated fleeting moments of

associative play skills with peers and those teams where when child number five invited him. Who was the most successful communicator? If they can't function with intelligibility and language structures what good are the tools purchase pragmatic skills are the key for successful relationships. Words have little meaning without successful social function.

The ability for education is determined on just speech or accepted language measures. I'm happy to report once we identify this child's area of deficit, we targeted pragmatic skill development as a multidisciplinary time and after a year, this child is presenting with age appropriate success. Had we not targeted this, it's unknown whether he would have independently developed these skills. However, I would say it's unlikely. Because of what we observed as a team, we added pragmatic skill development to our language sample reporting.

The next slide is forms we created over time to equip the clinician or parent to collect language stampings, including quick and formal note to track progress. I provided a hand out for this webinar that include this data sheet as well as this one. As you look through the slides, you'll see others I'm happy to share with you.

Depending on what the function of the language sample is, we can use different forms at various times. Here is

one to look as a variety of the syntactic elements used over time. Here's one to record the conversational turns. And the next, our ability to track progress and variation ways such as IEP objective or acquisition of verb tenses or language or cab vocabulary targets in the classroom.

You're welcome to contact me if you have any questions. And I would be interested to know what you find useful as well in your settings. And this concludes my prepared marks, but we would like to open it up for questions for Dr. Blaiser or for me. We like to welcome them at this time.

>> JEFF HOFFMAN: Yes. This is Jeff Hoffmann again with the National Center for Hearing Assessment and Management. And I'm going to open up a question field here that you can submit some questions. It looks like we may have a couple of questions already. And we will get those over to our presenters and get some answers. We have some time left for our webinar here.

Also, there are the contact information for both Dr. Blaiser and Nicole. So let's see. I'm going to try to move questions over here into the question field for the two of you as we go along. As I put them up, you can go ahead, if you want, to start to answer those. The first is, will there be a print out for this? And will there be a copy of the power point?

>> KRISTINA BLAISER: I would be happy to make my PowerPoint available.

>> NICOLE MARTIN: And I would, to, also this is Nicole.

>> JEFF HOFFMAN: Yeah, there were several people who had those questions. Would it be best to have them contact you directly on sharing the slides and PowerPoint slides?

>> NICOLE MARTIN: That would be just fine.

>> KRISTINA BLAISER: That works for me, too.

>> JEFF HOFFMAN: Okay. Go ahead and get their e-mail addresses there. And ask them directly on that. So let me see here if I can -- another one on slides here. Here's a question for how much clinical support is given to the children? Either of you could answer that.

>> NICOLE MARTIN: I can answer it. This is Nicole Martin. From the standpoint of what we do at Sound Beginnings, we have a preschool and kindergarten available for children once they turn age three. Our school is open Monday through Thursday full days. Or if we need to adjust and tailor, suit, a school day for a child's needs, we do that we look at a child to determine which would be beneficial for the child. To have the child with the classroom or how much o therapy they would need to support their areas of deficit and continue to facilitate growth. That would be an individualized consideration.

We have supportive services in our early intervention team for birth to three so that we have home based services for parents with infants and toddlers. And we have a toddler group on campus we invite parents to bring toddlers to, two mornings a week.

>> JEFF HOFFMAN: Great. Thank you. Another question that was submitted here is does your video - - do you video your language sample and if so, how do you store them to be HIPAA protected?

>> KRISTINA BLAISER: I can answer that one, this is Kristi. We do, because we're doing language samples with the school for the deaf and blind, we record them and then we download them on a password protected computer in our lab. And make sure they're deleted from the devices we are using. We are looking for store and forward technology which Nicole was mentioning, getting language samples from the home, to see how skills are generalizing. But there's store and forward technology where as the research you can download the software and as the family or remote location is recording that they can transfer to a server in the cloud that is hip HIPAA compliant. That's a nice edition technology wise to get language samples from several environments and see how the child is performing compared to from different noise levels or peer support or different locations.

>> JEFF HOFFMAN: Nicole, do you have anything to add?

>> NICOLE MARTIN: I support what she said. And to say, here at sound beginnings, we have a secure server we use to store language sample data and videos on.

>> JEFF HOFFMAN: Here is someone who said thanks for stating parents are golden members of the team and likes the term team member rather than therapist and it's more people friendly. Just a comment.

Here's a question, what is the average length of time for a language sample? Is it five, ten, 15 minutes?

>> NICOLE MARTIN: This is Nicole. It depends upon what your purpose is and the type of on going comparison you want to do time. I would say you need to consider what type of setting it is and what type of time available would be feasible to continue across different time points in a school year or a time period. If you are in individual therapy, you may be able to provide a ten- minute language sample. If you're in a classroom -- and I try to get as many classroom language samples as we can. There might be formal one place that are longer so we can look at a child's language more in depth. Or there may be a formal shorter period of time that we would look at. It kind of depends on what your purpose S. Are you doing a speech analysis, are you doing more of a language structure analyst are you looking at their pragmatic skills? You have to determine

the objective of your sample. Determine what kind of format is most conducive to get measures you want to out of it, and stay consistent with that across time so you have a true comparison to determine if there was progress or not.

>> You would like to add, when we're at university settings, we have this luxury of being able to do longer samples. We have student involved or different professionals. I know that in the field, it's harder to have that. And time is a barrier for a lot of professionals. One of the things that as you saw in both Nicole's power point and in mine is that it doesn't always have to be a longs utter ransoms. A lot of people look at the number versus just the time. That's a good thing to do because you can have a variation in how much time a child will talk. But I think you can get a good snapshot of what the child is able to do in a shorter utterance. You may have a child you need to go deeper because you feel that language sample wasn't great. But I think sometimes people do not do language samples because they're afraid they'll take so long to obtain the language sample and to analyzed it, they don't do them. I would put out there, you can get a lot of information even from a shorter language sample and it's better to have a short one and more frequent basis than 200 utterance language sample or hour language sample which I don't think anyone does. But on a less frequent basis.

>> JEFF HOFFMAN: Great, thank you. Another question is, are there any services for children birth to three years?

>> NICOLE MARTIN: I can talk about that, to. Right now, my early interventionist and I, we're looking at how can we really equip parents to have the right kinds of tools to record and evaluate their child's language according to what the age appropriate benchmarks would be? There's another question that says, do you think it would be beneficial for early intervention to track hearing children during therapy or is two to three too young? I don't think it's too young in the intervention, birth to three years, to have supportive services, number one. Definitely, that's a critical time to have the home intervention services. And we have a clinician that goes to the home and talks about developmental progress across all of the components of communication when it's receptive language or expressive language or pragmatic considerations.

This idea that we are truth create tools that can equip parents to informally write down language. It doesn't need to be a scary process. The more the parents become involved, the more they understand it. And the more they know how to select their targets and be equipped to function as a true partner in that parent coaching model we like advocate for so parents become more engaged and they're the

primary team member, if want to use that term, to ensure their child is growing and progressing.

>> I would like to add, sometimes that's the most telling time to do language samples for parent and when you have an interventionist working with children with hearing loss, going from, we have five words or five sounds from that child in those early intervention piece where you can do it in another month or the month after that to see what is that rate of growth. And being able to analyzed, they're doing consonant vowels here. That's what we want to keep working on. Or they're doing more variety in those productions. I think early ages don't stay away from the language samples at that time but do more because you'll have a little bit easier time assessing how the child is doing by a language sample than the other assessments we talked about.

>> JEFF HOFFMAN: Another question. I also appreciate you're observing the child rather than focusing on their speech or articulation.

>> Jeff, I hear music. Do you hear the music?

>> JEFF HOFFMAN: Yes, sorry. I'm not sure. Let me see if I can...

[Music]

>> JEFF HOFFMAN: I'm not seeing the pod to close the music. Daniel, do you have the music going here? It's nice

music, but it's not helping us.

[Music]

>> JEFF HOFFMAN: I'm not able to close that music down. I am sorry on that. Not sure that Daniel is there. He was the one controlling the music.

>> Jeff, if people want to -- oh, there the music is gone.

>> JEFF HOFFMAN: Thank you.

>> I did want to say that it looks like I've been getting e-mails about people who the what the presentation. If NCHAM is okay, Nicole and I can talk and turn this into a post on the we said with the recording if that works.

>> JEFF HOFFMAN: That would be super to have that available. The recording will be available in a week or so and available on infanthearing.org. But if you would do that to combine the two presentations into one PDF, and then people can contact either Dr. Blaiser or Nicole either of the e-mails there.

We have time for a few more questions here. Do you find the children in the class utilize FM radios or FM systems I assume?

>> NICOLE MARTIN: Yes, we do have children that utilize the FM support and it is quite helpful.

>> KRISTINA BLAISER: We see the same, yeah.

>> JEFF HOFFMAN: Another question is, what criteria

do you use to code language samples?

>> KRISTINA BLAISER: That's a good question. This is Kristi. That's one of the things we're really seeing that's different from professional to professional, from school to school. That's one of the things that we're working on with the thesis project. If we can come up with a protocol to help people know what to look for. A lot of times people who work and specialize with children are hearing loss. But as we move to mentoring professionals who see kids with hearing loss on their case load who don't specialize having those pieces might be helpful.

And Nicole laid out a lot of great ideas. One of the things I'm looking is for some of that high frequency information N. Particular when you get PowerPoints that adjust the ability to produce and use some of those high frequency seem to be what kids are missing and standardized assessments aren't picking up necessarily. We would be include adding some of those pieces on. Kids should be using like a purely, possessive or third person singular, how many times do they have and how many are they missing

>> JEFF HOFFMAN: Do y'all use LENA devices to obtain language samples.

>> KRISTINA BLAISER: We're using LENA devices for some language samples but we're not always coding. They are nice because you can trial down and it's a nice way to get

more information. Most of the time we're not using LENA for language samples we're using on a monthly basis especially with preschool kids and older. We can use thought to supplement with objective type of big picture pieces. We're using recording and transcribing language sample the.

>> JEFF HOFFMAN: Thank you. How would you recommend using this with hearing aid users who don't have access to all speech sound?

>> KRISTINA BLAISER: Nicole, you want to go ahead.

>> NICOLE MARTIN: That's an interesting question because what we would do -- I would refer to what Kristi's work has been as far as understanding what is the implication of what the child is hearing and what speech sound the child is dropping and the resulting language morphemes they may not be equipped to use well. It would suggest need for a direct training to highlight that it would be difficult but you need that specific attention to what is that area that don't have access to and direct intentional target of that.

>> JEFF HOFFMAN: I like the forms quite a bit. Are there others you use available for download as well?

>> NICOLE MARTIN: I up loaded just a couple on to this Web site -- I mean this webinar. The ones I did were -- the ones intended to be quick and easy to use for any provider or for a parent. The other ones that I put in

my slides I'm happy to share. If you want to e-mail me and tell me what forms you're interested in, I'll happy to share that with you.

I'm happy to say my early interventionist and I are working on creating forms for the birth to three population to put bench marks on those forms so that parents can look at maybe a three- month window of time and see what to shoot for. And to select - - to use that as a parent coaching tool to select targeting they will focus on and report to their clinicians for.

All of that specific topic is something that we are planning to present at the conference in February. You can ask me in the coming months and I would be happy to share those forms with you as well.

>> This is a question for Kristina. In collaborating with classroom teachers have receptive have they been collecting language samples in the class room environment and do you provide teachers any training on best methods to collect language samples

>> KRISTINA BLAISER: We have been fortunate to have teachers in the programs we're collaborating with open to feedback and wanting to collaborate and find out how their kids are performing. That's been wonderful. And when we give that feedback, back, it's something they're feeling we're helping them do something they would like to do but

don't always have the time. We provide reports back to the teachers and parents. We've created some infographics we report back to parents so it's easy for the parents to see how their child is doing. I didn't put that in the presentation but I would be happy to share that.

They've been receptive. Right now we're not having the classroom teachers actually collecting the language samples themselves, we're the ones doing that. We are working with some of the teachers and some ideas of saying that you don't have to do such a long analysis. Again, we've giving them some specific things to be able to look for across those domains to make it really easy for them to be able to pick out the errors the child is making.

>> JEFF HOFFMAN: Great. Thank you. We've got a couple more questions here. We're a little over the allocated time. So we're going to answer these questions and finish up here.

I have a child on my case load with hearing loss and she speaks well. I'm glad you pointed out the frequency was difficult with words in the sentence they may be missing every time due to frequency difference. I will take this information to my hearing specialist. I guess that was a statement rather than a question.

A question on how much clinical support is given to the children?

>> NICOLE MARTIN: I think we explored that earlier.  
It depends on what their individual needs would be.

>> JEFF HOFFMAN: Thank you. And our last question here is from early intervention service coordinator. How could I get this information to my parents? Can I use the hand out given? Is there a way to have instruction on how to utilize the tool? Thank you.

>> NICOLE MARTIN: I would welcome anybody who wanted to contact me or even call me, you're welcome to. And I would be glad to discuss how we found the tool help them and you're certainly welcome to use it with parents. When we have our apparent coaching session, we talk -- we use the tool to talk about progress with the parents and then we also -- or even in the early intervention situation, and we help them select goals for things to target that week. And then to use those forms to collect data on it and to actually write down informally some of the child's utterances and help the parent to analyze and determine if progress is noted.

>> JEFF HOFFMAN: Thank you. There were a couple of questions people wanting the PowerPoint presentation. We've gone over that. They can contact either one of you and you'll put the two presentations into a PDF. There were questions on CEU's. I'm not sure if CEU's are granted for this. Nicole could we find that out and people check with

you, would you be willing to take on that if I find the time  
to answer that?

>> NICOLE MARTIN: Sure.

>> JEFF HOFFMAN: Thank you. If you have questions on  
CEU's, contact Nicole. Her e-mail is on the screen.  
Nicole.Martin@USU.EDU and I'll get that information to you.  
This concludes NCHAM webinar. And thank you to Kristina  
Blaiser and Nicole Martin for your information. Just a  
reminder for those of you still on, we are regarding today's  
webinar and it will soon be available on our Web site which  
is infanthearing.org. So thanks to all of you for joining  
us today. We'll now finish the meeting.

>> Audio recording for this meeting has ended.

[End of webinar]