

UNITED STATES DEPARTMENT OF EDUCATION

OFFICE OF SPECIAL EDUCATION AND REHABILITATION SERVICES

July 21, 2006

Dear Part C Coordinator:

We are certain that you are aware of the growing national crisis in the provision of essential early intervention and health care services for infants and toddlers with hearing loss. As the Part C Coordinator in your State, you play a critical role in the lives of infants, toddlers and young children with disabilities, including those young children with hearing loss. Under Part C of the Individuals with Disabilities Education Act (IDEA), States receive funds to make early intervention services available to infants and toddlers with disabilities under the age of three and their families.¹

Our nation has realized tremendous strides in the hearing screening of all newborn infants through the newborn hearing screening grants funded by the U.S. Department of Health and Human Services (HHS) and the evaluation of hearing loss in newborn infants who fail that screening test. The National Institute on Deafness and Other Communication Disorders estimates that as many as 12,000 infants with hearing loss are born each year.² An additional 4,000 to 6,000 infants and toddlers acquire late onset hearing loss before the age of 3 as a result of injuries and disease, resulting in a total potential population of 16,000 to 18,000 infants and toddlers each year with hearing loss. Studies have demonstrated that when hearing loss of any degree, including mild bilateral or unilateral hearing is not adequately diagnosed and addressed, the hearing loss can adversely affect the speech, language, academic, emotional, and psychosocial development of young children.³

Although efforts to identify and evaluate hearing loss in young children have improved, there is still anecdotal evidence to suggest that many young children with hearing loss may not be receiving the early intervention or other services they need in a timely manner that will enable them to enter preschool and school ready to succeed. According to a 2004 report by the Centers for Disease Control and Prevention, the average economic cost per person with a hearing loss is

¹ Part C of the IDEA is published at 20 U.S.C. §§1401 through 1408 and 1431 through 1444 and its applicable regulations are at 34 C.F.R. Part 303.

² Martin, Hamilton, Ventura, Menacker & Park, 2002; research citations also online at <http://www.nidcd.nih.gov/health/hearing/professionals.htm>.

³ Bess, et al, 1988....[need full citation].

estimated at \$417,000 across that individual's lifetime.⁴ Creative approaches to providing early intervention services to infants and toddlers with hearing loss and their families have the potential to minimize delays in a child's language, communication, social, and emotional development.

In the fall of 2004, a panel of experts in the field of hearing loss in young children was convened to assist in identifying ways to close the gaps in services for infants and toddlers with hearing loss. The group of experts included parents of young children with hearing loss, early interventionists, Part C coordinators, special educators, researchers, pediatric audiologists, pediatric otolaryngologists, pediatricians, and teachers of the deaf and hard of hearing. This group made a number of recommendations in the areas of health care, education, and research. The Office of Special Education and Rehabilitative Services at the U.S. Department of Education (OSERS) and the Office on Disability at HHS support the following activities related to the educational recommendations put forth by this group of experts:

- **Encouraging Part C Coordinators and Part C early intervention service providers to keep informed about issues related to serving infants and toddlers with hearing loss;**
- **Assigning service coordinators to infants and toddlers with hearing loss in a prompt and timely manner and the training of service coordinators who are knowledgeable in issues related to hearing loss in young children;**
- **Providing parents with an array of communication options in an unbiased manner;**
- **Utilizing creative resources to provide prompt access to appropriate hearing aids and other necessary amplification devices to children and families who seek them through insurance or other funding sources of medical needs;**
- **Training personnel to develop, and meet the needs of, specialists who can work with children with hearing loss and their families.**
- **Ensuring a smooth transition from Part C to Part B of the IDEA at age three for children with hearing loss and their families so that the benefits of the early intervention services initiated under Part C may be continued if the child is eligible for special education and related services under Part B.**

A number of States have already displayed a great deal of success in supporting and encouraging some of the activities listed above. For instance, there are a number of states that

⁴ See, www.cdc.gov/mmwr/preview/mmwrhtml/mm5303a4.htm.

are working with insurance companies, private organizations and community groups to establish hearing aid loaner banks and to facilitate access to amplification devices at free or reduced costs to families. There are also States that are developing innovative approaches to ensuring that local programs have access to a point person with expertise in hearing loss that can serve as that local area's principal contact.

In addition, OSERS continues to make investments that will support the provision of appropriate early intervention and other services to, and for the benefit of, infants and toddlers with hearing loss and their families. For example, under the IDEA, OSERS continues to fund professional development programs to train personnel to work with infants and toddlers with hearing loss. The U.S. Department of Education has also published a document entitled: *Opening Doors: Technology and Communication Options for Children with Hearing Loss*, which we encourage you to read and disseminate, as appropriate, to Part C and other providers in your State.⁵

In summary, we at OSERS and the Office on Disability at HHS encourage you to continue your hard work on behalf of young children with hearing loss and their families and continue to strive for excellence in the provision of Part C early intervention services for this population as well as for all young children with disabilities.

Sincerely,

John H. Hager
Assistant Secretary

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Department of Health and Human Services

⁵ Available online at:
http://www.ed.gov/about/offices/list/osers/products/opening_doors/opening_doors.pdf.