

The Children's Hearing Institute Educational Outreach Program

The Comprehensive IFSP for a Hearing Impaired Child Tuesday, May 4, 2010

CONFERENCE FACULTY:

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CONFERENCE LOCATION:

Beth Israel Medical Center
Phillips Ambulatory Care Center
10 Union Square East
2nd Floor Conference Center
New York, NY

**NY Eye & Ear
Infirmary**

Continuum Health Partners, Inc.



About the Program

With the passage of New York's Universal Newborn Hearing Screening, an increasing number of families are seeking diagnostic evaluations, assistive technology, and therapy intervention for their infants and toddlers with hearing loss. Hearing loss impacts negatively on all aspects of a child's development and interactions. However, it has been well documented that appropriate early intervention can facilitate age-level functioning in communication, social, and academic domains. This conference is designed to acquaint EI (early intervention) service coordinators and providers with an understanding of the components of a comprehensive, multi-disciplinary management program for infants and toddlers identified with hearing loss. Specific procedures for empowering families, who likely have no prior experience with hearing loss, to make informed choices about the available resources for their children will be provided.

Target Audience

NYC Early Intervention Service Coordinators and Providers.

Learning Outcomes:

Participants attending this conference will be able to:

- Classify hearing loss by type and degree.
- Identify the follow-up audiological requirements and assistive technology needs for a child with a hearing loss
- Discuss the components of communication training approaches so that parents can make informed decisions about their available options
- Recognize factors influencing the family's acceptance and readiness to address their child's hearing loss

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Agenda

- 9:00am Automatic Eligibility – What is Hearing Loss?
- 10:30am **BREAK**
- 10:45am Hearing Loss Adjustment Process for Parents
- 11:30am Center Coordination
- 12:00pm **LUNCH**
- 1:00pm Speech & Language Assessment and Management
- 1:45pm Special Instruction Management
- 2:30pm **QUESTIONS & ANSWERS**
- 3:00pm **CONFERENCE ADJOURNS**

Registration Form

You can also register online at www.childrenshearing.org

- ___ I enclose a check made payable to **The Children's Hearing Institute.**
- ___ Please charge my credit card. Circle one:
VISA/MASTERCARD/AMERICAN EXPRESS

Card Number: _____

Expiration Date: _____

Cardholder Name _____

I authorize Children's Hearing Institute to charge my account for the fee that is indicated on this form.

Authorizing Signature: _____

Registration Fee: \$55.00

I am a:

- EIP Service Provider
- EIP Service Coordinator
- Other _____

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Name

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Address

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City State Zip

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Phone number with area code

.....
E-mail Address

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Employer

Full payment should accompany your registration.

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