

COMMUNICATION OPTIONS – REFERENCE CHART

Parents are encouraged to visit programs, talk with professionals and other parents in order to determine which methodology is compatible with the family and the child's needs. It is the family's choice.

	American Sign Language/English as a Second Language (ASL/ESL) <i>Bilingual/Bicultural</i>	Auditory Verbal <i>Unisensory</i>	Cued Speech	Oral <i>Auditory Oral</i>	Total Communication <i>Simultaneous Communication</i>
Definition	A manual language that is distinct from spoken English (ASL is not based on English grammar-syntax). Extensively used within and among the Deaf community. English is taught as a second language	A program emphasizing auditory skills. Teaches a child to develop listening skills through one-on-one therapy that focuses attention on use of remaining hearing (with the aid of amplification). Since this method strives to make the most of a child's listening abilities, no manual communication is used and the child is discouraged from relying on visual cues.	A visual communication system of eight handshapes (cues) that represent different sounds of speech. These cues are used while talking to make the spoken language clear through vision. This system allows the child to distinguish sounds that look the same on the lips.	Program that teaches a child to make maximum use of his/her remaining hearing through amplification (hearing aids, cochlear implant, FM system). This program also stresses the use of speech reading to aid the child's communication. Use of any form of manual communication (sign language) is not encouraged although natural gestures may be supported.	Philosophy of using every, and all means to communicate with deaf children. The child is exposed to a formal sign language system (usually based on English, but some ASL signs can be incorporated), finger spelling (manual alphabet), natural gestures, speech reading, body language, oral speech and use of amplification. The idea is to communicate and teach vocabulary and language in any manner that works.
Primary Goals	To be the deaf child's primary language and allow him/her to communicate before learning to speak or even if the child never learns to speak effectively. Since ASL is commonly referred to as "the language of the Deaf", it prepares the child for social access to the Deaf community.	To develop speech, primarily through the use of aided hearing alone, and communication skills necessary for integration into the hearing community.	To develop speech and communication skills necessary for integration into the hearing community.	To develop speech and communication skills necessary for integration into the hearing community.	To provide an easy, least restrictive communication method between the deaf child and his/her family, teachers, and school peers. The child's simultaneous use of speech and sign language is encouraged as is the use of all other visual and contextual cues.
Language Development (Receptive)	Language is developed through the use of ASL. English is taught as a second language after the child has mastered ASL.	Child learns to speak through the early, consistent and successful use of a personal amplification system (hearing aids, cochlear	Child learns to speak through the use of amplification, speech reading and use of "cues" which represent	Child learns to speak through a combination of early, consistent, and successful use of amplification and	Language (be it spoken or sign or a combination of the two) is developed through exposure to oral speech, a formal sign language system, speech reading and the use of an amplification system

		implant, FM system).	different sounds.	speechreading.	
Expressive Language	ASL is child's primary expressive language in addition to written English.	Spoken and written English.	Spoken English (sometimes with the use of cues) and written English	Spoken and written English.	Spoken English and/or sign language and finger spelling and written English.
Emphasis on Hearing	Use of amplification is not a requirement for success with ASL.	Early, consistent and successful use of amplification (hearing aids, cochlear implant, FM system) is critical to this approach.	Use of amplification is strongly encouraged to maximize the use of remaining hearing.	Early and consistent use of amplification (hearing aids, cochlear implant, FM system) is critical to this approach.	Use of a personal amplification system (hearing aids, cochlear implant, FM system) is strongly encouraged to allow child to make the most of his/her remaining hearing.
Family Responsibility	Child must have access to Deaf and/or hearing adults who are fluent in ASL in order to develop this as a primary language. If the parents choose this method they will need to become fluent to communicate with their child fully. . It should be noted that a parent's acquisition of sign vocabulary and language is a long term, ongoing process. As the child's expressive sign language broadens and becomes more complex, so too should the parents' in order to provide the child with a stimulating language learning environment.	Since the family is primarily responsible for the child's language development, parents are expected to incorporate on-going training into the child's daily routine and play activities. They must provide a language-rich environment, make hearing a meaningful part of all the child's experiences, and ensure full-time use of amplification.	Parents are the primary teachers of cued speech to their child. They are expected to cue at all times while they speak; consequently, at least one parent and preferably both parents must learn to cue fluently for the child to develop age-appropriate speech and language.	Since the family is primarily responsible for the child's language development, parents are expected to incorporate training and practice sessions (learned from therapists) into the child's daily routine and play activities. In addition, the family is responsible for ensuring consistent use of amplification.	At least one, but preferably all family members, should learn the chosen sign system in order for the child to develop age-appropriate language and communicate fully with his/her family. It should be noted that a parent's acquisition of sign vocabulary and language is a long term, ongoing process. As the child's expressive sign language broadens and becomes more complex, so too should the parents' in order to provide the child with a stimulating language learning environment. The family is also responsible for encouraging consistent use of amplification.

<p>Parent Training</p>	<p>If parents are not Deaf, intensive ASL training and education about Deaf culture is desired in order for the family to become proficient in the language. Including Deaf role models into regular family activities should be considered. Additionally, many books and videos are available. To become fluent, signing must become used consistently and become a routine part of your communication.</p>	<p>Parents need to be highly involved with child's teacher and/or therapist (speech, auditory verbal, etc.) in order to learn training methods and carry them over to the home environment.</p>	<p>Cued speech can be learned through classes taught by trained teachers or therapists. A significant amount of time must be spent using and practicing cues to become proficient.</p>	<p>Parents need to be highly involved with child's teacher and/or therapist (speech, aural habilitation, etc.) to carry over training activities to the home and create an optimal "oral" learning environment. These training activities would emphasize development of listening, speechreading, and speech skills.</p>	<p>Parents must consistently sign while they speak to their child (simultaneous communication). Sign language courses are routinely offered in most communities. Additionally, many books and videos are widely available. To become fluent, signing must become used consistently and become a routine part of your communication.</p>
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