

## **SUGGESTIONS TO TEACHERS FOR STUDENTS WITH A HEARING DEFICIT IN A REGULAR CLASSROOM**

### **COMMUNICATION:**

Speak naturally, at a normal rate of speech and volume of sound. Keep continual eye contact as much as possible.

1. Speak in sentences and phrases.
2. Don't drop your voice during or at the end of a sentence.
3. Avoid exaggerating your lips during speech.
4. Rephrase a sentence or idea that is not understood; change the wording instead of repeating the same words again.
5. Avoid turning your back, covering your mouth, turning to the board, dropping your eyes, looking at notes.

### **SEATING:**

1. Be sure the child is placed on the side which permits his better ear to be toward the teacher.
2. Put the child near the front of the room, but not too close for good viewing.
3. Do not seat the child facing a window. Allow them to sit with their back to the window.
4. Let the child have a roving seat so that he can more easily follow various speakers, as it is necessary for him to look at their faces in order to follow the meaning.

### **GENERAL TECHNIQUES:**

1. Be certain the child knows the subject under discussion and is familiar with the vocabulary in use.
2. Delay presentation of directions or information until the child is looking.
3. Repeat or reinterpret the remarks of another child behind the hearing impaired child, if necessary, for understanding and continuity.
4. Remember that hearing is reduced for the hard-of-hearing child in a noisy room. Wait until the room is quiet to give important directions or repeat them directly to the child at close range. Also assign a desk mate to help in case directions are missed.
5. Remember that the hard-of-hearing child cannot take notes and watch at the same time. Assign a classmate to take duplicate notes by using a carbon.
6. Using an overhead transparency projector permits you to keep the lights on, keep your face to the child, and present materials at the same time.
7. A moustache prevents lip reading. This should be kept in mind when assigning the child to a teacher.

## **OTHER SERVICES:**

1. It is very important to work in close contact with the home and with any of the ancillary services who may also be helping the child, such as the speech teacher and the reading teacher, so that any new vocabulary or concepts to be used in the classroom can be introduced to the hard-of-hearing child in advance, and if possible, both by the parent and by the help of specialists.
2. Most children with a hearing deficit need speech correction, especially during their primary years. Where the speech therapist is involved, she can begin to feed in vocabulary at least a week in advance of the time the child is exposed to it in the classroom. The speech therapist can also provide liaison between the classroom and the home.
3. Be sure that the nurse knows any child with a hearing problem that is new to your room. The nurse needs to explore the extent of medical and audiological attention that the child has had, to be sure that all possible remediation of problems has been completed.
4. Any cold or upper respiratory infection, particularly ear infections, may drastically reduce the hard-of-hearing child's already lowered hearing. It is very important to be alert to the effect of classroom performance and report symptoms of infection or allergy to the nurse so that preventative measures can be taken.

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AUDIOMETRIC RECORD