

(Approved by the Board of Directors of the Educational Audiology Association May 2020)

Educational audiologists are valued and active members of implantable hearing device teams. Implantable devices include cochlear implants, bone anchored hearing systems (also known as osseointegrated hearing devices), and other implantable hearing technologies. Educational audiologists make valuable contributions during the assessment, programming and management stages of implantable devices for children considering or using these devices in educational programs. Most children who use implantable devices spend most of their school time in a structured classroom learning environment. Therefore, it is imperative that, from the beginning, appropriate team members from the child's school system be involved in discussions about implantable devices as an option for their students. The educational audiologist is in a pivotal position to facilitate the exchange of information between the educational setting and the implant center. This collaboration is essential for making informed decisions about candidacy, and ongoing management when developing an individualized education program (IEP) or family service plan (IFSP) that includes an emphasis on auditory skills development, communication access and optimal use of and benefit from the student's implantable device(s) in all learning environments.

Responsibilities of educational audiologists as members or potential members of implant teams include the following:

- Maintenance and dissemination of accurate information about current candidacy criteria, devices approved for use by children, and outcomes reported in the literature for children who use cochlear implants and other implantable devices.
- Knowledge of the potential impact of classroom acoustics on the listening and communication access of students who use implants, as well as strategies and devices to facilitate their use in educational environments.
- Monitor auditory performance of children with implantable devices, in conjunction with other members of the school team and report findings to the implant center. Monitoring of auditory performance may include assessment in quiet, noise, at close and distance and recording perception errors.
- Familiarization with local implant center personnel and their protocols for assessment, device programming and follow-up appointments.
- Collaboration with local implant centers regarding students who are jointly served.
- Support for families considering implants and provision of unbiased information and resources for acquiring accurate knowledge about devices, intervention strategies, and expected outcomes when used with a variety of communication options.
- Provision of current information on personal amplification technology and remote microphone hearing assistance technology systems for access to classroom communication and instruction.
- Support for each family's choice concerning the option of implantable devices for their child.

The Educational Audiology Association (EAA) believes that a collaborative approach to service delivery is in the best interest of students and their families. Early and close collaboration is particularly important in the planning and delivery of appropriate educational audiology services and technology for newly implanted students and for those who are transitioning from early intervention into school-based programs.

The Appendix describes specific services related to students with implants. Many of these services traditionally have been provided by implant center audiologists, but each service has also been provided by audiologists in educational settings. Services will vary with the needs of each student and family and by availability of local resources and equipment, experience, and expertise of implant team members, as well as school personnel.

The ability of students to use auditory input for communication and learning varies from child to child and should be assessed on an individual basis apart from whatever technology is being considered for accessing the educational environment. In addition, it is the position of the EAA that because implants are prosthetic devices developed to provide access to auditory input, they should not, by themselves, limit the choice of communication options used within the educational environment.

In summary, the EAA believes that ongoing collaboration between implant centers and educational audiologists is in the best interest of students and families who are considering or currently using these devices. It is recommended that an educational audiologist be included as an active member of any implant team evaluating or providing services to students currently enrolled or anticipating enrollment in an educational program.

APPENDIX

EDUCATIONAL AUDIOLOGY SERVICE OPTIONS FOR STUDENTS USING OR CONSIDERING USE OF A COCHLEAR IMPLANT OR OTHER IMPLANTABLE DEVICE

(Note: Services will vary with the age (chronological and/or developmental) and language level of each student, as well as the type of implant being considered)

I. DURING IMPLANT CONSIDERATION AND CANDIDACY PROCESS

- Provision of written/oral information about implants to family, students, and school personnel in their language and communication mode
- Helping families, students and implant centers determine if a child is an implant candidate.
- Referral of student/family to other families who have considered implants
- Referral of students/family to implant center(s)
- Support/counseling for family concerning expectations for student outcomes
- Support/counseling for student concerning expectations for device use
- Accompaniment of student/family to implant center
- Exchange of audiologic information with implant center
- Participation in implant team meetings
- Facilitation of the exchange of educational information with implant center

II. AWAITING SURGERY AND INITIAL STIMULATION

- Provision of support/information for student and family
- Assistance to student/family in preparing for surgical and initial stimulation experiences
- Teaching of student concepts needed for programming
- Collaboration with implant center during device fitting and programming
- Provision of inservice for school staff and students, including expectations and potential classroom modifications

III. DURING IMPLANT USE

- Consultation/collaboration with school personnel concerning auditory goals/materials/curricula
- Facilitation of student communication with peers who are using cochlear implants
- Educate students and school staff about how implants (speech processors) work and how to maximize communication
- Provision of auditory skills training in collaboration with other educational team members
- Monitor auditory performance of children with implantable devices, in conjunction with other members of the school team, and report findings to the implant center. Monitoring of auditory performance may include assessment in quiet, noise, at close and distance, recording perception errors etc.
- Collaboration with implant center concerning auditory performance, effect of classroom acoustics and need for remote microphone hearing assistance technology (RM HAT)
- Completion of traditional audiologic reassessment
- Completion of functional auditory assessment within the classroom and other learning environments
- Provision of assessment/modification/management of classroom acoustics
- Assistance with interfacing student implants with technology used for classroom instruction/student assessment
- Participation in educational team meetings
- Monitor proper functioning of implantable device and assist with equipment troubleshooting and maintenance in school setting
- Provision of inservice for school personnel targeting the impact of classroom acoustics, use of RM HAT, and other issues related to implant use in the school environment
- Assistance with peer and staff orientation related to implantable device and their use during communication
- Participation in implant team meetings
- Participation in programming/mapping sessions (onsite or remote)
- Provision of processor programming (mapping) with additional training. Note: Programming/mapping a cochlear implant requires specialized training, expertise, and equipment not typically found in educational audiology programs.
- Collaboration with the implant center for remote programming. Note: Appropriate equipment software and training is necessary to program. Currently IDEA does not require schools to program implantable devices (34 CFR §300.113).