# The Center for Deaf and Hard of Hearing Education CDHHE Network

# **Examples of IFSP Outcomes and Goals**

All outcomes are *general suggestions to help guide families* in the topics they may want to address. Strategies and short term goals should be selected based on desired outcomes, child's age, and skill levels. Others may be added as appropriate, or as the family desires. These are suggestions for a starting place, and may be adjusted, as appropriate, by the family and team upon initial implementation, as well as updated at subsequent 3-month authorizations for services.

**Outcome:** "Family will be aware of all early intervention services and educational programs for deaf and hard of hearing children, and their role in a family-centered model; so that they feel supported and educated to make decisions about their child."

# **Short-Term Goals (STGs):**

- Families will identify their unique needs and identify what services are available to meet these needs.
- Family will know what services are available to families of deaf and hard of hearing children in Indiana and their home area, through First Steps and other resources.
- Family will know about events happening involving deaf or hard of hearing children and families and attend at least one
- Family will learn about at least 2 organizations that support families of deaf and hard of hearing children
- Family will meet at least 3 other deaf and hard of hearing children and/or adults
- Family will begin exploring educational opportunities for their child for after age 3

# **Strategies:**

- Consider placing name on mailing lists for events around the state involving deaf and hard of hearing people
- Research organizations for deaf and hard of hearing children
- Provide opportunities to meet deaf and hard of hearing children of different ages via playgroups, conferences, and other events
- Visit all available programs for deaf and hard of hearing children (local public or charter school, Indiana School for the Deaf, St. Joseph Institute for the Deaf, private schools)
- Utilize the lending libraries and resources through Outreach Services and St. Joseph Institute for the Deaf

**Outcome:** "Family will understand their child's audiology results and etiology if known, amplification options, and the impact of hearing levels on language development; so that they will have appropriate expectations for their child and will feel confident in working with and making decisions regarding their child."

#### STGs:

- Family will understand the test results and hearing levels for their child
- Family will understand how hearing aids/cochlear implants function and have realistic expectations for them
- Family will have the tools/resources and knowledge to be able to assess their child's language and overall development on an ongoing basis
- Family will be knowledgeable about all of the communication opportunities
- Family will understand how children acquire language, be able to assess their child's progress and have strategies to encourage spoken/signed language/s in the home

### **Strategies:**

- Parents and providers will utilize the Family Ready Guide on a regular basis to find information
- Provide family with resources for learning language within the everyday routines
- Utilize the SKI-HI Curriculum for families of deaf/hard of hearing children
- Provide family examples of all communication opportunities including meeting other children and adults who utilize them
- Provider will informally assess language development with the family every 3-6 months to be sure the child is showing progress

**Outcome:** "Child will receive hearing aid(s)/cochlear implant(s); so that s/he can gain access to auditory information and develop listening skills to his/her fullest potential."

#### STGs:

- Family will feel comfortable checking, maintaining, and troubleshooting the hearing aid(s)/cochlear implant(s) regularly
- Child will wear the hearing aid(s)/cochlear implant(s) all waking hours
- Child will respond consistently to environmental sounds phone ringing, dog barking, dropping something loud, airplane, vacuum cleaner, etc.
- Child will discriminate between speech and non-speech
- Child will consistently turn to his/her name
- Child will respond to "No"
- Child will recognize 7-10 Learning-to-Listen sounds through listening alone
- Child will respond to music
- Child will identify 10+ words through listening alone
- Child will understand one step commands through listening alone

# **Strategies:**

- Ongoing unaided and aided audiological testing
- Replace earmolds as needed for hearing aids (up to 4 sets a year through First Steps)
- Receive, check, and change batteries as needed
- Use the pediatric hearing aid kit to check and maintain the hearing aids/cochlear implant(s)
- Create a hearing aid/cochlear implant use schedule and increase the amount of time s/he wears the hearing aids/cochlear implant(s) as quickly as possible until they are worn all waking hours
- Provide listening opportunities in the home and familiar environments
- Create a quiet listening environment by eliminating background noise
- Ask audiologist for otoclips, huggies or other equipment to help keep hearing aids/cochlear implant(s) on, if needed.
- Point out sounds to child so that s/he learns where the sound is coming from and what made the sound
- Use auditory development strategies such as: acoustic highlighting, auditory sandwich, Making Your Point, etc.
- Track auditory skills progress using appropriate assessments every 3-6 months

\_\_\_\_\_

**Outcome:** Child will begin to communicate using spoken language and/or American Sign Language; so that s/he can express his/her wants, needs, and feelings.

#### STGs:

- Child will imitate babble (sounds or hands)
- Child will use early emerging consonants in his/her vocal babble
- Child will use gestures/pointing/showing to initiate turn-taking
- When given a choice of 2 things, child will point to or label the one s/he wants
- Child will use eye gaze to establish joint attention
- Child will express 5 words/signs to communicate his/her basic wants and needs

#### **Strategies:**

- Music, songs and fingerplays
- Picture books and storytelling
- Shared Reading Program
- Adult Self-Talk Talking aloud/signing while playing, narrating activities and events throughout the day
- Parallel Play Talking about what the child is doing while s/he is doing it throughout the day
- Be aware of the surrounding environment and try to create a quiet area for spoken language development
- Be aware of the surrounding environment and create a visually friendly environment: appropriate lighting, minimize distractions, etc.
- Wear hearing aids/cochlear implant(s) all waking hours
- Re-evaluate language (visual and/or oral) using formal assessments at least every 3-6 months

**Outcome:** The family will learn sign language; so that they can provide their child with access to a visual language and child will be able to communicate wants/needs and daily happenings.

#### STGs:

- Family will learn 10 new signs a week
- Family will attend events where they can meet other Deaf adults and children who use sign
- Child will respond to/understand signs (milk, mommy, more, no, finished, bath, etc)
- Child will have 5 expressive signs
- Family will know where to find resources to learn sign language (classes, videos, events)
- Family will be knowledgeable of all available visual assistive technology

#### **Strategies:**

- Attend sign classes
- Attend events where Deaf adults are present and sign language is used
- Watch sign instructional videos/DVDs
- Use sign language consistently throughout the day with the child
- Deaf Role Model involved with the family
- Include extended family, friends, and caregivers to learn sign language
- Assess ASL skills using ASL Developmental Milestones and Language Development Scale every 3-6 months

**Reminder:** All outcomes are *general suggestions to help guide families* in the topics they may want to address when writing outcomes. Strategies and short term goals should be selected based on desired outcomes, child's age, and skill levels. Others may be added as appropriate, or as the family desires. These are suggestions for a starting place, and may be adjusted as appropriate by the family and team upon initial implementation, as well as updated at subsequent 3-month authorizations for services.