

We handed this information in with our child's school registration documents, in the summer term before beginning reception. We provided extra copies marked as being for his teacher-to-be, and TA-to-be. We also gave a copy to the SENDCO, and a copy to the Head of Inclusion.

Please do use these sheets to generate ideas for communicating with your school prior to starting, and adapt and modify to suite your child and your circumstances.

Child's name

Child's name is looking forward to joining *his big brother*, *brother's name*, at *school's name*.

OR

Child's name is looking forward to starting at *school's name*.

He has been attending *preschool's name* since *September 2016*, and his keyworker is ***keyworker's name***, *who is also the SENDCO*. *Keyworker's name* can be contacted on *phone number* / *email address*, and she is very happy to meet and discuss *child's name* before he starts at *school's name*.

Child's name is visited regularly at *preschool's name* by ***ToD's name***, Teacher for the Deaf, who is based at *local centre*. *ToD's name* will also be happy to meet and discuss *Child's name*'s progress and strategies to ensure a smooth transition to and continuation through reception and beyond. *ToD's name* can be contacted on *phone number* / *email address*.

Child's name is under *Audiologist's name*'s audiology clinic at *Hospital's name*. He also has a community Paediatrician at *local centre*, Dr *Dr's name*.

***Child's name*'s Microtia and hearing**

Child's name was born with Microtia, which means that his right outer ear did not fully develop in the womb, and that it is little and not completely formed. His left outer

ear is also a little smaller than average, but not to an extent that would be generally discernible.

He also has bilateral aural atresia, meaning that his ear canals on both sides are closed.

Child's name has moderate conductive deafness. His inner ears work, but, because his ear canals are closed, sound does not pass directly through the air to his inner ear. He therefore wears bone conductor hearing aids, which press on his skull, and transmit sound directly to his inner ear through the bone.

In a quiet room, *Child's name* can hear very well through his hearing aids. He was referred to speech therapy as a result of his hearing condition, but has since been discharged (*please find details of the report enclosed*). His speech development is well on track, as are other aspects of his cognitive, social and physical development.

In a loud environment, his hearing aids pick up all noises. This means that it can be difficult for him to hear speech amongst all the other sounds. It also means, for example, that his aids will pick up the chatter of children around him and mask the sound of a teacher talking from further away.

Because of this, it is important to ensure that *Child's name* is aware of what is going on, and that he has heard key instructions, for example. Visuals help with this (like the *school's name* hand-in-the-air move!). Making sure that *Child's name* can fully see your face and that it is not masked / in shadow also helps, because then he can lip-read and see expressions.

In situations where the children are seated at tables, placing *Child's name* in a seat facing forwards towards the teacher, near the front of the classroom, would be helpful. So would sitting *Child's name* at the front of the carpet, in a spot where he can directly see the teacher's / TA's face. In assemblies, *Child's name* will also benefit from sitting in the front where he can hear and see speakers.

We have a device that we can share that can be attached to a teacher's clothing that then conducts sound by Bluetooth directly to *Child's name*'s hearing aid. It would be good to monitor how *Child's name* gets on hearing in the primary school classroom and to consider this as a possible option should he find it difficult to hear

his teacher. In reception, this may be particularly relevant during teacher-led activities such as phonics.

Echoing environments with hard surfaces make it more difficult for *Child's name* to hear. This is because sound reverberates off surfaces and creates a cacophony of noise. Carpets and soft furnishings help with this.

Child's name can sometimes become overwhelmed in very noisy / echoing environments. Having a quiet / outside zone to retreat to can help with this.

Child's name will sometimes pretend he doesn't want to talk to you or use other masking strategies when, in fact, he hasn't heard what's going on. He is also skilled at following social and visual cues and giving the impression that he has heard things when, in fact, he doesn't fully understand, because he hasn't heard. Therefore it is worth double-checking he has in fact heard any key auditory information, rather than assuming he has!

Please see the information below on further positive strategies for helping moderately deaf children access social and learning environments.

Child's name's hearing aids

Child's name currently wears two bone-conductors on a headband. The batteries run out quickly; we will ensure that they are changed regularly for school, but it is possible that they will run down mid-day, as the rate at which they run out is unpredictable. The batteries are easily replaced and *Child's name* will tell you when they need to be. At pre-school, he tells his keyworker, who changes the battery.

We will show you how to change the batteries, and also how to place *Child's name*'s headband on his head in case it slips off. Occasionally one of the bone-conductors is knocked from the band; we will show you how to clip it back on (*Child's name* is learning to do this himself, but is not quite there yet). *Child's name* will need help getting changed for PE, as he will need to take his shirt off over his hearing aids (with the neck open), or take off his hearing aids to change clothes, and then replace the aids.

Generally, *Child's name* should wear his hearing aids at all times. During PE, he should wear them to help him to hear instructions, his teacher and his friends.

However, in the case of any contact sport (e.g. Dodgeball), he should remove his hearing aid band after instructions have been given about the rules of the game but before the activity itself begins. We will provide a case for his hearing aid to be stored in on these occasions.

If *Child's name*'s hearing aid needs to be removed, please ask *Child's name* to do it. He will help remove the band. Please don't remove it without his permission.

For all normal activities (e.g. running around in the playground, football, basketball etc.), *Child's name* should remain wearing his hearing aid to help him participate as fully as possible. He is very happy wearing it.

Child's name's hearing aids should not get wet, as this will break them. He has rain hats which sit over the aids. Obviously, these will not protect against driving rain, but usually the children do not go outside if it is pouring, so that should not be a problem!

On very rare occasions, when it is particularly windy, the noise of the wind blowing in the hearing aids can be very irritating to *Child's name*, as well as inhibiting his ability to hear other sounds. In these instances, if he asks himself to take his hearing aid off, we are happy for him to do this (safely storing them in the case provided).

This is unlikely to arise often in the school context, but just in case.

Obviously, other children should not touch *Child's name*'s hearing aids, but occasionally they do. We are teaching him gently to tell them 'please don't touch my hearing aids, I need them to hear.' The hearing aids are easily broken and have to be sent away for repair, so obviously it is important to protect them.

Child's name may have an operation in the next year or two, to implant magnets / abutments to attach his hearing aids directly to his head. We will keep in touch about this.

Self-image and *Child's name*'s understanding of Microtia

We try actively to help *Child's name* to have a positive and matter-of-fact attitude to his ears and hearing aids. The other day, he said, 'I love "My-crotia," because I love my ears.' When asked by other children what's on his head, he can explain that

that's his hearing aid, to help him hear. We strongly believe in helping him to have a matter-of-fact and positive attitude towards differences, and to believe in his own capacities and potential.

Information on additional medical or other needs, related or unrelated to Microtia

Information, resources, and key points

Resources for working with moderately deaf children

The NDCS has a plethora of information for teachers and parents, including downloadable booklets, and an advice line. You have to sign up (for free) to download a lot of things from the website; this is quick and easy:

<https://www.ndcs.org.uk/applications/membership/register.rm>

Here are some basic information sheets with the fundamentals:

http://www.ndcs.org.uk/family_support/communication/deaf_awareness/deaf_awareness.html

http://www.ndcs.org.uk/family_support/communicating_with_a_deaf_child/communicating.html

http://www.ndcs.org.uk/professional_support/our_resources/deaf_friendly_teachers_training_presentations/index.html

Obviously, *Child's name* is an individual! – and we would of course like to meet regularly with you to discuss his progress and to devise and hear about strategies. Please contact us at any time. We look forward to *Child's name*'s time at *school's name*!

Mum's name (*Child's name*'s mum) – *phone number*

Dad's name (*Child's name*'s dad) – *phone number*