

Sample Lesson Plan for a Beginning Cochlear Implant (CI) Listener

Client: “Bobby” Note: *In addition to the core lesson plan content, a rationale and brief explanation of the goals, objectives and activities will appear in **italicized text**.*

A. Long Term Auditory Goal: to integrate hearing and listening in a meaningful way into Bobby’s life; to assess and develop Bobby’s auditory skills through continued evaluation and management of his sensorineural hearing loss and his auditory perception skills. Meaningful auditory activities will stimulate and develop Bobby’s brain, thus providing Bobby with skills to communicate effectively in the home, with family, and with age-matched peers. *(Always keep in mind that the overall purpose of activities is to stimulate and develop the extensive auditory centers of the brain. Note that Bobby’s mother/caregivers will be actively participating in the therapy session. The rationale for each activity will be explained and the parents will be given specific home activities for daily use.)*

Short Term Auditory Objectives:

1). To check functioning of Bobby’s cochlear implant *(Without proper implant function, therapy activities are of no value.)*

Procedure: With the caregiver’s participation, the therapist will complete a partial map/program check (troubleshooting checklist) and verify that all dials are set appropriately on Bobby’s cochlear implant. *(Each cochlear implant company provides guides for troubleshooting their equipment. Contact the implant company for the necessary troubleshooting equipment and written material.)*

2). Bobby will detect all Ling 6 sounds (oo, ah, ee, sh, s, m) at distances of 3, 9, 12, and 20 feet. *(Distance hearing is critical for incidental listening and learning; the greater the distance hearing, the better the access to background knowledge and conversations that occur in the environment. A well-programmed CI should allow detection of all speech sounds to at least 20 feet in a quiet environment. A chief value of a cochlear implant is that it allows far greater distance hearing than does a hearing aid; a hearing aid may allow sounds to be available for only a few feet for a child who has a severe-profound hearing loss. In fact, reduction of distance hearing is often the first signal of a faulty CI map. The Ling sounds should be administered using an acoustic screen – no visual cues-- and spoken at the loudness level and duration that the phonemes would occur in a sentence. Beware of speaking each sound too loud, and protracting the sound unnaturally long. To do so will over-estimate the child’s casual access to spoken language. Once you know Bobby’s distance hearing in a given environment, you need administer the Ling Sounds only once at that distance – which should be at least 20 feet. There is no need to spend time determining if he can hear at closer distances once you know that his detection is at 20 feet.)*

Hearing Impaired Professional Preparation (H.I.P.P.)

www.auditoryoptions.org

Procedure: Therapist will administer Ling 6 Sound Test at distances of approximately 3, 9, 12, and 20 feet (*or only once at his distance hearing limit, once that is known*). Bobby will hold a small plastic bear up to his ear, listen for the Ling 6 sounds, and then drop the bear into bucket of water once he hears the sound to indicate detection of each Ling 6 sound. (*Of course, Bobby first must be conditioned for this “listen and drop task”; such conditioning is a priority. Until he is conditioned, one can observe behavioral changes to the sounds.*)

3). Bobby will demonstrate recognition of when a speech signal begins and ends, when a continuous vowel or fricative is presented. (see the *SPICE Curriculum: Detection Goal B1*)

Procedure: Therapist will demonstrate the activity by producing a continuous sound such as *eéee* or *shhhh* while moving the car on the table. Therapist starts the movement when the speech sound starts, and stops the movement when the speech sound ends.

B. Long Term Language Goal: Bobby will use appropriate language in order to express his wants and needs in his environment. (*The initial goals of therapy focus on auditory stimulation, not on vocal production. Meaningful sounds/words cannot be produced until the brain has had sufficient stimulation and growth to provide the auditory infrastructure that can support spoken language production. If Bobby is not yet spontaneously producing meaningful sounds, don't force it. Use the following activities as auditory stimulation activities – input -- and not as required spoken output activities.*)

Short Term Language Objectives:

1). Bobby will engage in finger play activity to enhance language.

Procedure: Bobby will engage in finger plays such as “Wheels on the Bus”, Five Little Monkeys” and “Itsy Bitsy Spider”. Therapist will begin the verse and Bobby will join in with the corresponding finger play and spontaneous imitative sounds as his brain develops. (*These activities are the beginning stages of specific phonologic awareness training that will follow in later lesson plans as preparation for literacy development.*)

2). Bobby will demonstrate comprehension of 3 verb phrases, 4 articles of clothing, and 4 body parts by following one-step verbal directions, two-thirds of the time. (*Once again, this is an auditory stimulation activity, not a verbal output activity.*) Visual cues can be added as needed following the initial presentation of the verbal direction. If visual cues, such as pointing, are added, be sure to then revert to an auditory-only presentation.

Procedure: Bobby will respond to the following instructions for 3/5 trials:

- “put on _____”

Hearing Impaired Professional Preparation (H.I.P.P.)

www.auditoryoptions.org

- “take off _____”
- “show me Mr. Potato Head’s _____”
- etc.

(Mr. Potato Head and items including hat, shoes, eyes, mouth, ears, nose, glasses, etc. will be used as props).

3). Bobby will demonstrate book handling skills that involve attending to the pictures, turning the pages, and focusing auditorally for the length of the story. The story to be read is, *Where’s Spot?*

4). Bobby’s caregivers will begin the creation of an *experience book*. Examples of experience books will be displayed. Part of the home program will be to collect photos of Bobby with family members to start his first experience book. The home program also will emphasize reading to Bobby on a daily basis.

C. Long Term Speech Goal: Bobby will spontaneously produce and imitate developmentally appropriate vowels and consonants within meaningful contexts.

Short Term Speech Objectives:

1). Bobby will imitate the following speech sounds within the context of Learning to Listen Sounds: /w/, /h/, /p/, and /m/. (*Until Bobby’s brain has developed sufficiently for him to spontaneously imitate, the following activities should focus on meaningful auditory stimulation. Don’t force the verbal output until he is ready.*)

Procedure: Therapist will present the “Learning to Listen Sounds” *before* Bobby is presented with the corresponding object. (*That is, the sound of the object precedes the visual presentation – “hearing first”. The objects can be hidden under a colorful blanket or in interesting and mysterious containers*). Bobby will imitate the sound, or demonstrate a listening attitude in the beginning stages of therapy, and then be given the object to play with. Examples include:

- slide = up, up, up, wheee
- bunny = hop, hop, hop
- boat = puh, puh, puh, puh, puh
- food items = mmmmmmmmm

2). Bobby will imitate syllables through syllable play. (*If Bobby’s CI has just been mapped and he is not yet producing many sounds, clapping, marching, and dancing are appropriate output measures.*)

Procedure: Therapist will use a drum, streamers, and clapping to demonstrate repetitive syllables such as aah-aah, eee-eee-eee, shhhhhhh-shh, and mmmm-

Hearing Impaired Professional Preparation (H.I.P.P.)

www.auditoryoptions.org

mmmm. Syllables are first presented verbally, with addition of drum, streamers, and clapping with secondary presentation as needed.