Reflections of Cueing Parents

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National Cued Speech Association™
Bethesda, MD
# Reflections of Cueing Parents

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A Tribute to Carol Shuler

This book of parent stories is dedicated to Carol Shuler, a devoted Cued Speech advocate, teacher, and speech pathologist who provided a generous bequest to the National Cued Speech Association in 2005.

Carol attended an American Speech-Language-Hearing Association conference where she heard Dr. R. Orin Cornett, the inventor of Cued Speech. Soon after, Carol learned how to cue and began using it in Plumas County, California with Katy, a two-year-old who was deaf. Katy’s progress was so amazing that Carol began a life-long commitment to Cued Speech. The National Cued Speech Association Board of Directors voted to use the funds from Carol’s bequest for two purposes:

• to create an annual college scholarship in Carol’s honor for a deserving deaf cuer from the western United States; and
• to develop this book, designed to give parents hope for the future.

We remember Carol as a friend of the National Cued Speech Association, whose generosity will have a lifelong effect on countless families.
Reflections of Cueing Parents

Introduction

When a baby is born, parents have high hopes and dreams. They stare at the baby for hours on end, wondrous of the miracle of birth that brought this child to them. When the child is identified as being deaf or hard-of-hearing, and possibly diagnosed with additional disabilities, the dream is shattered. In my case, my son was prelingually profoundly deaf. As parents, we are sent down a road that begins with despair, grief and trauma, and choices.

There is the choice of hearing aids and other assistive listening devices. To implant or not. There is the choice of schools, and, of course, the mode of communication. Local school districts will attempt to steer you in the direction they have chosen to use in educating children in their area. It may be auditory verbal, auditory oral, American Sign Language, or some combination thereof. Generally, Cued Speech will not be a choice. However, choosing to cue is one the National Cued Speech Association is committed to.

When I think about what I would have wanted to know when my child was diagnosed, I contemplate the choices I had. It’s been a very long time since my son, Simon, was a little boy, and I had to make those choices. But what meant the most to me in those early years was learning how much of a difference Cued Speech made in the future of other families, and how it would help my son and our entire family.

When I left my first Cued Speech class with Dr. Cornett in 1979 at Kendall Demonstration Elementary School in Washington, D.C., the things said about what Cued Speech could do for my child were not even close to anything I had ever...what meant the most to me in those early years was learning how much of a difference Cued Speech made in the future of other families, and how it would help my son and our entire family.
heard before. Quite frankly, my life and communication with my son were difficult. I had been trying to survive each day, not the week, month, or year. I was robbed of motherhood and felt my son was robbed of a normal life.

I had spent the previous three years of parent-infant training in Montgomery County, Maryland, dealing with and learning about how to care for my deaf child. In that time, I learned more about what my son couldn’t do than about what he could do. I was burdened with guilt over what I, as the mother, should be doing to make him succeed. I learned about the low literacy rates among deaf adults. I learned how to train my child in the use of his hearing aids and residual hearing. I learned how to put the word I wanted him to learn at the end of the sentence and not the beginning. We tried total communication and oralism, yet no one told me about Cued Speech.

At the time, I wasn’t looking for research to prove it worked. There wasn’t any, so that didn’t matter. I was looking for a pipe dream, a pie in the sky. I was a desperate, grieving mother. That’s right, after three years of working with this child, I was still grieving over what everyone said he couldn’t do, just because he was deaf. And I was desperate because he was going nowhere.

I was looking for a pipe dream, a pie in the sky.

I was desperate, because my 3-year-old son who was prelingually profoundly deaf had the language of a 17-month-old, despite early intervention, early diagnosis, significant auditory training, and sign language classes. There was no end to lessons on my part. Simon was making six months or less language progress a year. What would happen when he was 8 or 10? At that rate, he would never catch up.

So, I was looking for a dream for my son, whom I believed to be sharp and intelligent. I wanted my son to break out of the stereotype. I wanted my son to observe his religion, read Hebrew, and have a bar mitzvah, like other Jewish boys.

On a whim, on the advice of Elizabeth Fleetwood, I attended the Cued Speech workshop at Kendall in 1979. When I met Dr.
Cornett, he said if I cued, my son would learn 500 new words in six months. After three years of struggling, I didn’t believe him. However, I did believe that my son could gain new language. Dr. Cornett gave me something I never had before: HOPE.

I did know that if Cued Speech worked the way it was described, then it was my lifeline and an escape from my own perceived torture. After all, if I could talk to Simon freely, without having to change every word or phrase to make myself more easily understood, a big burden would be lifted from my shoulders.

So the next two years were spent talking and cueing to Simon with a vengeance. We fed him new language with such fervor that as soon as he learned a word, we changed it. Sad became angry, disappointed, frustrated, and upset. Animals had furry tails, long tails, short tails, thick tails, bushy tails, and so on. A couch became a sofa. Cereal was Rice Krispies, Corn Flakes, Froot Loops, and Cheerios. I felt a freedom with language that I didn’t know existed.

I was free to become a mother again, no longer robbed of the joys of motherhood. I could also throw in the Hebrew and Arabic phrases of my culture. I felt free to discipline my son, because I knew he understood what I was saying. Of course, this brought on new things, like manipulative behavior. But if my son was capable of manipulating me, then he was brighter than I had given him credit for. All in all, it worked. Simon caught up to his hearing peers at the end of that two-year period. He was mainstreamed into regular classes, became an avid reader, and eventually graduated from New York University. My goal was accomplished. My son “succeeded.”

It is important to understand that Cued Speech is not a cure for deafness, but it is a mode of communication that can be used in a variety of settings for English language development,
communication, and literacy. It is the solid foundation of language that makes Cue Kids good readers. That foundation comes from cueing all the time, everything you say.

Now, why am I telling you this story? Parents want to hear about the experiences of other parents. They want to know the techniques that made it work for them. This booklet of parent stories is designed to give you insight into how Cued Speech worked with a variety of children with a variety of needs – from deafness to severe learning challenges. It is designed to give parents HOPE.

—Sarina Roffé
Lola and Ella’s Story
By Grace Consacro

Ella and Lola Scher
Born February 3, 2005
Rockville, Maryland
Both diagnosed at 3 months as profoundly deaf
Exposed to cueing from birth
Cochlear implantation at 18 months

Our family story is somewhat unique. As far as we know, we are the only deaf native cuers with deaf children who use ONLY Cued Speech with their children. I grew up in Nashville, Tennessee and used Cued Speech both at home and in school, where I was the only deaf cuer. My husband, Steve, grew up in Rockville, Maryland, and attended school in the Montgomery County school system, where his parents and others had fought to begin the Cued Speech “track” in the program.

...we are the only deaf native cuers with deaf children who use only Cued Speech with their children.
Our twin daughters, Lola and Ella, were born in February of 2005. We weren’t sure what to expect as far as their hearing, because we had never had any genetic testing done. Neither of us had any prior family history of deafness. While they were in the hospital after their birth, both girls underwent the usual newborn hearing screening (OAE and ABR testing). Ella actually passed her initial screening, but they never got a consistent result for Lola. Based on that, the audiologist recommended that we have an ABR done at Children’s Hospital three months later.

Three months later we went for the test. It was a fairly difficult day, complicated by the fact that both girls had to be very still for 45 minutes while the testing was done, which is easier said than done when dealing with 3-month-old babies who didn’t care for the probe inserts in their ears or the wires taped to their head. At the end of the day, we learned that both girls had a profound hearing loss, in the 95db or greater range.

We now faced a new challenge. Of course, as deaf adults, Steve and I had somewhat of an advantage over a family who has had no prior experience with deafness before discovering that their child has a hearing loss. However, neither Steve nor I had any experience with parenting a deaf child. We were about to undergo a journey full of questions and anxieties, fears and concerns, similar to any parent of any child with a special need.

Fortunately for us, we live in Rockville, Maryland, which has one of the few school systems in the country that offers Cued Speech as a program option. I work for the school system in the deaf/hard-of-hearing program, so I knew what steps to take next. We got the girls enrolled in the parent/infant program, had them fitted with hearing aids, and started discussing the possibility of cochlear implants down the line. A teacher of the deaf began visiting our home weekly to work with the girls and support us through the first few months of adjustment.

Of course, the most important step that we took was deciding...
to use Cued Speech and to cue consistently to both girls. We had cued some to them in the first few months, but now we knew we HAD to cue. Other deaf families of our acquaintance either mixed ASL and Cued Speech or signed first with plans to introduce cues later. Several professionals, including our parent/infant teacher, suggested that we begin with sign language “first” and introduce cues later, because they were concerned that the girls’ fine motor skills wouldn’t allow for expressive cueing or they didn’t think they would develop “conceptual language” through Cued Speech. Even my mother, who raised me using primarily Cued Speech, was concerned that using cues with the girls initially might mean that they would not be able to communicate until their fine motor skills were more developed.

For Steve and me, the choice between cueing and signing was made very simple by the fact that neither of us signed very well, and we couldn’t imagine struggling to communicate with our children in limited signs when we had the wonderful system of Cued Speech easily available to us. The language of our home is spoken English, via cueing, and we wanted that for our children. Neither of us is “anti” sign language, so to speak, but we feel that it’s important that our daughters use our home language first. If they should choose to learn sign language later, we would certainly be supportive of that decision, but English language acquisition was our goal for our daughters.

We stuck to our guns and got through the first few months with the girls, getting their aids on as much as possible and cueing. The girls really resisted the aids, and hated having the molds put in their ears, so, I will admit it was not very easy and they really didn’t wear them very much. Also, Steve and I had to change our style of communicating. We really didn’t cue to each other much at all prior to the girls’ arrival. Now, I do teach
in the Cued Speech program so I’m used to cueing throughout the day instructionally. However, I have to say, that the first day I decided to cue everything I said, without exception, to the girls, my arm was killing me when it finally came time to put the girls to bed that night. It did get easier over time for our family.

We weren’t sure when we might see the first cues from the girls, or any indication that they understood our cues to them. It seemed like forever, but I remember vividly the very first day that I felt like Ella really understood my cues. Remember, this is a child who is profoundly deaf and who really didn’t wear her hearing aid much, so she had nothing but the cues. She was 9 months old. We were sitting downstairs in our family room. Her dad had gotten up to go get something from the kitchen. When he left, she was sitting and playing with a book. I cued to her after a minute, “Where’s Daddy?” I had done this many times before and gotten no response. This time, she turned her head and looked up the stairs where he had gone. I was thrilled! We played the game a million more times before she got bored (way before I was ready to let go of it!)

When the girls were 11 months old, we began the process of testing and evaluation for possible cochlear implantation through Johns Hopkins University in Baltimore, MD. They were approved

I cued, “Where’s Daddy?”...This time, she turned her head and looked up the stairs where he had gone.

and Lola followed right behind. When they were approximately 10 months old, I felt they understood “Mama,” “Daddy,” their names, “where is...,” games like “peek-a-boo” and commands such as “clap your hands.” During that same time, Ella started cueing an approximation of her name (handshape 5 to her chin), over and over again, for the “Eh” sound, and they both learned to cue “poopoo” – an essential baby word! (handshape 1 to their chin.) From that point on, cueing got easier and easier for them, and more and more rewarding for us as we saw their understanding and awareness increase.

When the girls were 11 months old, we began the process of testing and evaluation for possible cochlear implantation through Johns Hopkins University in Baltimore, MD. They were approved
as good candidates, and underwent the surgery in August 2006, when they were 18 months old. They have now been activated for a few months and are beginning to add noise/babble/some words to their cueing. They can both cue a variety of words and, more importantly, they understand EVERYTHING we say to them. At the time of this writing, December 2006, they each have a vocabulary of about 30-40 words that they cue and sometimes say. Their understanding of what we cue to them is much greater, which is typical for any toddler.

Cued Speech has been a blessing for both Steve and me throughout our lives, and we owe a great deal of thanks and appreciation to Dr. Cornett. While he unfortunately passed away some years before they were born, and thus never met our daughters, we think he’d be proud to know that his legacy has been continued in this way. We look forward to raising a new generation of successful cuers.
Paige’s Story
By Katherine Burns-Christenson

Paige Ellen Christenson
Born April 23, 1999
Edina, Minnesota
Diagnosed at 2 months with bilateral – severe to profound hearing loss
Exposed to cueing from 8 months
Additional Disabilities: Albinism/vision loss, qualifies as Deaf-Blind
Cochlear implantation at 15 months

Our family stumbled into the world of deafness in July of 1999 when our first daughter, Paige, was diagnosed with a severe to profound bilateral hearing loss at 2 months of age. Our family can thank our large and enthusiastic dog for helping us recognize her hearing loss. Although strangers commented on “how lucky” we were that she’d sleep through his enthusiastic and friendly barking, we opted to have her hearing tested and check our “luck.”

Turns out we were lucky. At the time, I was working at a non-profit agency that focused on vocational rehabilitation. Several of my co-workers were deaf and were willing to share their educational, cultural, and vocational perspective on hearing loss, assistive technology, and communication choices. Plus, Paige was young. Research suggested that identification and amplification before 6 months of age made a significant difference in rehabilitation outcomes. By 3 months, Paige was wearing hearing aids, and we were actively engaged with the school district’s deaf/hard-of-hearing program. I searched the Internet, contacted families, and toured schools throughout our area to
compare and contrast communication methods and educational choices. Finally, our medical audiologist, who also had a deaf child, suggested we explore Cued Speech. I’ve often remarked that when I discovered Cued Speech, I felt like “I’d come home.” It made such perfect sense. We could use her strongest sense, her eyes, to convey English, our native language, without the ambiguity of speech reading and mishearing! She could see our family jokes, learn our culture, and gain English literacy. What a wonderful gift!

Family and friends wondered what this Cued Speech journey was all about. No one had ever heard of Cued Speech. Some questioned and gently challenged our choice. The learning curve was steep. Why not American Sign Language? Why not an auditory approach? Questions abounded. The school district even questioned the logic of using Cued Speech with such a young child. We held fast to our commitment.

Ultimately, our extended family embraced our choice and began to learn Cued Speech with us when Paige was 8 months old. We had also convinced the school district to teach her daycare how to cue, which felt like such a coup at the time. First, our family took a beginning class, then everyone pitched in financially to hire the instructor privately, and finally, my husband and I hosted monthly family game nights where we practiced and encouraged one another. However, older family members struggled with dexterity and self-consciousness, while distant family lacked a practice community and direct contact with Paige to motivate them. It was hard work. It’s still hard work for many. I used my commute time to cue street signs and nursery rhymes. We made it a priority to cue everything we said at dinner, although initially, it was awkward, slow, and robotic. I would read stories to Paige in front of our large hallway mirror. She’d sit on my lap, feeling our closeness, but be able to see the cues in the mirror. Later, Paige cued expressively to her dolls.
This is when we took Paige to see an ophthalmologist. She was 8 months old and seemed to be meeting all of her developmental milestones. We wanted to be proactive since she was gaining all of her language through her eyes. The hearing aids gave her little auditory benefit, and she had stopped all of her spontaneous speech sounds. Numb and stunned can only explain my reaction when she was diagnosed with Ushers 1, a genetic disorder that progressively leads to blindness. The amount of vision loss and the progression could not be predicted, but it was assumed she’d be legally blind by the time she was an adolescent. She was fitted for glasses and had to wear a patch for amblyopia. We picked out the cutest purple Mickey Mouse glasses, and grieved, silently, wondering what would come next.

Suddenly, with the Usher’s diagnosis looming, a cochlear implant had to be seriously explored. The hearing aids weren’t providing her with speech information, and she was going to lose her vision. We reluctantly, and with typical worry, scheduled cochlear implant surgery when she was 15 months old. All the while, we continued to cue, cue, and cue. She awoke from the surgery cueing “duh, duh, duh,” to tell us she was “all done” and wanted to go home. I was grateful for Cued Speech as I comforted her.

The implant “hook–up” process went smoothly for Paige. Since we had been cueing all the time, the implant only added sound to her world. She wasn’t trying to learn a new language. She already knew English; she had just never heard it. She began making speech sounds and started using baby cues with voice two weeks later. I’d mimic her utterances with Cued Speech. We
also played with speech sounds and noises, as any parent would. It was natural and fluid. Full sentences followed and concepts emerged.

When she was 2, we split her educational time between a Cued American English program and an auditory-focused program. At the end of the school year, she was nearly 3 and new assessments were completed. The results were astounding, although not surprising to my husband and me. When information was presented only verbally, she was assessed at the equivalent of 3 years, 6 months. She was on target and, perhaps, somewhat ahead of her hearing peers. However, when Cued Speech was used, she scored nearly one year higher at 4 years, 6 months. I can’t think of a better endorsement for Cued Speech. Cued Speech showed us her abilities when she was given full, equal, and unambiguous access.

Clearly, Paige has done exceedingly well with her cochlear implant. She is able to hear in the mild to moderate range. Her speech is typical, clear, and vibrant. She does not cue expressively. Educationally, she’s mainstreamed at our neighborhood school. A cued language transliterator (CLT) is with her and she’s reading at least three years above her age level. I’m convinced we have a future author in the making.

Annually, we advocate for more cued language transliterators. Annually, we hear about the limited number of applicants, the limited resource dollars, and we are exhausted. We worry for the day our CLT retires or takes another district position. We hope for more CLT choices for us and the greater community. We know in our heart of hearts that this is right, but as my husband points out, “It’s the path of most resistance.”

Discussions have often centered around Paige “being special” based on her intelligence; therefore, Cued Speech is
not a piece of her success. How we disagree! Cued Speech has allowed her to access information, retain, and reshape it. No, Paige is not average, she is exceptional. Thank goodness Cued Speech allows her to utilize her talents. Other parents have suggested to me that she’ll depend on Cued Speech and never be independent. That is ridiculous. Our job is to teach Paige self-advocacy skills, to request and seek cueing when she needs it, and to use her auditory skills. It is not a crutch. It’s equal access! If you never know you are missing something, how can you self-advocate?!

Paige’s cochlear implant team has periodically suggested we discontinue cueing. The pressure was greatest right after implantation. We refused. We will continue to refuse. One professional has even referred to Cued Speech as our “habit.” I remind them often of the things she continues to mishear. I could give countless examples, like *Cheerios* misheard for *materials*. I don’t like the ambiguity of mishearing. It limits and separates us, although not intentionally. Furthermore, how do I handle swimming lessons, bath time, and horrendous background noise or equipment failures if we don’t have Cued Speech?! What about the joy of dialects and accents? Paige was able to fully appreciate her Great Grandmother’s southern pronunciation of *shuguh* for sugar. That’s valuable stuff! She gains so much more with the cueing. She’d tell you the same thing.

Paige’s extended family cues less to her now. Some no longer cue at all. Paige is quick, however, to ask for Cued Speech when she’s unsure or the auditory environment is difficult. Currently, her classmates don’t cue. As a family, we are looking forward to a future “Cue Club” where her peers can opt to learn Cued Speech. Her peers use her FM system and are understanding of her hearing loss. Paige’s younger sister, who’s 4, is quick to
recognize when Paige isn’t understanding, and will ask someone to cue on her behalf. Her sister has a sibling cue class in her future too! Our church even hired a CLT for worship.

There have been medical changes with Paige as well. When she was 5, her Usher’s diagnosis was removed. She has now been diagnosed with Albinism. With Albinism, the visual abnormalities are stable, albeit not treatable. We no longer have the looming fear of blindness before us. It’s amazing what can make a person jump for joy! Albinism, yeah!

When I look back at where we started, I am grateful for those who came before me. Although the road map was, at times, crooked and full of negotiations, we found our destination, literacy, community, family, and a bright future. It’s amazing to think how a spunky, creative, bright, and typical 7-year-old can touch and influence so many lives. Way to go, Paige!

*From left: Brooke Christenson, Keith Burns-Christenson, Katherine Burns-Christenson, and Paige Christenson.*
Dakota’s Story
By Laura Marks

Dakota Meyer
Born November 6, 1995 in Silver Spring, Maryland
Diagnosed at 18 months with a profound bilateral hearing loss
Exposed to cueing from 5 years
Cochlear implantation at 27 months

We are a family of two hearing adults and one 10-year-old boy, who has a profound bilateral hearing loss. Dakota is our son. He was diagnosed with a profound loss at 18 months. The auditory brainstem response (ABR) tested up to 125db with no response. I knew of just one family with a child who was deaf and a year and a half younger than Dakota, who had gotten a cochlear implant with great success. So, we decided to pursue that option. As soon as Dakota was diagnosed, we began to use sign language with him. My husband and I had a very basic knowledge at that time. It proved fine for our needs.

As soon as Dakota was diagnosed, we began to use sign language with him.

Dakota was accepted as a candidate for a cochlear implant at Johns Hopkins, and had his surgery at 2 years, 3 months. He came through the procedure extremely well. His first activation, three to four weeks later, surprised all of us, including his audiologist. When he heard our voices for the first time, he laughed repeatedly. He got services from the audiologists for two years.

Dakota started attending school half a day in the Montgomery County Public School system when he was 3. We put him into a total communication classroom at the recommendation of the deaf and hard-of-hearing specialists that were giving him services. The classroom included all levels of students in pre-
Dakota received speech services several times a week. In kindergarten, one of his speech teachers told me that she was introducing him to Cued Speech. Even though we had been using sign language with him, his expressive and receptive language were two years behind his age. As he was exposed to basic cueing, his receptive language began to improve. I talked to his speech teacher to find out about the distinctions of cueing. I got my hands on all sorts on information about Cued Speech. I was impressed by the research about reading and writing.

I asked one of the administrators in the deaf and hard-of-hearing department if I could visit the Cued Speech program. They set up an appointment the next week for Dakota and I to visit. I immediately noticed a difference from the total communication classroom. The children were speaking more and there was a larger degree of conversation between the teacher and all the children. I immediately knew this was the learning environment where I wanted my son. We had a family meeting to talk about the new choices. I asked Dakota what he thought of the Cued Speech class. He told me that he wanted to go to that school.

My husband and I talked it over, and decided that we wanted to switch to the Cued Speech program. My husband and I talked it over, and decided that we wanted to switch to the Cued Speech program. I made a request to the deaf and hard-of-hearing office to switch programs. They asked why I wanted to switch him in the middle of the spring semester. I reminded them that I was told that we could switch programs when we requested. I continued to advocate, and the switch was made to the Cued Speech program. Dakota got to spend some time in a mainstream classroom, as well as a self-contained classroom. He got a transliterator wherever he went. By the end of the semester, his receptive and expressive language had doubled.
My husband and I took a two-weekend cueing class with another couple. I loved the concepts, but my husband struggled. The course was too fast and didn’t make sense to him. Our family attended Cue Camp New York. Our whole family was immersed in new concepts. Dakota went to the classroom with pre-kindergarten and kindergarten children, while my husband and I were in the basic cueing group. I quickly found that I needed more challenge. My husband was in the perfect class - it took things slowly. The intermediate group, with an instructor from New York, went just the right rate for me, so I began to gain some fluency.

Dakota continued cueing through first and second grades, with a few expressive words now and then. His speech continued to improve, as did his vocabulary. I cued with Dakota at home, off and on, mostly, when his implant was off or to clarify something. His father did his best to try to cue, but mostly resorted to signing.

When Dakota would go to the implant center and meet with the audiologists, the audiologists didn’t cue. They only signed and brushed off the cueing. They didn’t have any desire to learn to cue, nor did they attempt to find anyone who did. They continued to sign with him when his implant was off. I continued to tell them that we had switched to a cueing program. After at least a year, they still didn’t cue with him. I didn’t and still don’t find that most audiologists are willing to learn to cue. That was and is one of the most puzzling things to me.

While in school, Dakota continued to get speech several times a week. Dakota struggled with reading and writing. He had a great grasp for decoding, and yet, comprehension was a challenge. He had a difficult time with spelling.

When Dakota was going into second grade, the recommendation from the professionals was that, since he used his hearing so well, he should go to the oral program. After several months in the new program, he was not doing well academically...
or socially. He wasn’t happy. He was supposed to get a speech teacher that could cue to him. That didn’t happen. The speech teacher couldn’t figure out why he was having difficulty. Dakota came to me and told me that he wanted to go back to the school where they cued to him. He knew what worked for him in the classroom. As soon as he was back in the Cued Speech school, his whole demeanor changed. He told me that he was happy again at school.

In fourth grade, Dakota began to cue actively and expressively. Since that time, he has significantly improved in his spelling and vocabulary. His reading fluency also continues to improve. His expressive language continues to expand in length and fluidity.

During the summers, Dakota has attended several different camps. These camps were with hearing children, and he was the only deaf child there. We were always able to get a transliterator. As the years go by, Dakota is able to let me know when he wants the extra help. For example, the last two summers, he went to a baseball camp with no transliterator. However, in science camp, he did use one. In one science camp, when I asked about his progress, the instructor told me that Dakota was one of a few children who actually got the concepts.

I continue to improve my cueing fluency. As my fluency improves, Dakota’s expressive and receptive language improves. His lipreading has gotten markedly better as well. He asks me to cue to him early in the morning before he puts his implant on. We play games where I do not move my mouth and he can understand exactly what I say. Dakota is fine when his dad signs to him when he doesn’t have his implant on. He is much more willing to read and be read to than in the past. At home, Dakota asks to have the captions on the TV when he wants to pay close attention to a program.

I wish I had found out about Cued Speech earlier. I would have
cued with my son right from the start. I believe that it would have given Dakota an easier time in school. It’s a wonderful modality especially when someone has a cochlear implant. Cueing helps to clarify language for Dakota. Even when a child doesn’t have an implant, cueing gives richness and fluidity to language.

The advice that I would like to give to other parents is to talk with parents like me who cue with their children. Look at the children who have been cueing for a long time. I marvel at the older students I see in high school and college that have had cueing for a long time. They are often in honors classes, and many times speak more than just one language. I find cueing to be so much easier for me than signing. I got the main ideas in two weekends. I never have to ask anyone how to say something. Fluency comes with time. Dakota, who is not patient in some areas, was and is very patient with me when I cue with him.

I marvel at the older students I see in high school and college that have had cueing a long time.
Thomas’ Story

By Donna Morere

Thomas Monti Morere
Born May 14, 1992 in Rockville, MD
Diagnosed at 8 months with a profound hearing loss
Exposed to cueing at 11 months
Additional Disabilities: Primary Language disorder (Mixed receptive-expressive), ADHD, Verbal memory, etc...
Received Nucleus 22 Cochlear Implant at 3 years, 3 months

To understand Thomas, you need to know a little about his mom. I am a clinical neuropsychologist, specializing in deafness. I had been working at Gallaudet University, where I was teaching in the doctoral program in Clinical Psychology, for two years before Thomas was born. I had been signing for about six years at that time. There was no family history of deafness, and this was before Universal Newborn Screening. So, when Thomas was diagnosed with severe-to-profound deafness at 8 months (a corner of residual hearing was seen in the low frequencies), it was a relatively early diagnosis. While his diagnosis was a shock, I knew from experience that his potential should be unlimited with the proper intervention. However, I also knew about the very low reading levels (third to fourth grade for 18-year-olds) typical of deaf children. I immediately began to look for a way to allow Thomas to become literate despite his deafness.

Thomas was immediately fitted with hearing aids, and we purchased a personal FM system to optimize the use of his very limited residual hearing. He began receiving early intervention services. While I immediately began to sign to Thomas, we also began to investigate our options for language development.
Although I had been signing for a number of years, I did not consider myself to be an appropriate language model for him in American Sign Language (ASL), and I wanted him to have a true first language, not a confused mixture of two very different languages (English and ASL). My goal was for him to be bilingual in English and ASL as two separate languages.

Despite my familiarity with deafness, I had never heard of Cued Speech, and it was through reading *Choices in Deafness* that I discovered this resource. I immediately reviewed the available literature on Cued Speech and discovered that the research supported its use for English fluency and reading skill development. I also learned that (at that time) there was a Cued Speech Team on Gallaudet’s campus. I learned more from them and obtained a videotape-training program through which I learned to cue. By the time he was 10 months old, Thomas was being exposed to both English via Cued Speech and ASL. He had a deaf babysitter who worked on his sign skill development and, at home, we used both signs and Cued Speech. He turned 1 in May and in June, as a family, we attended our first cue camp. It was there that my decision to cue with Thomas was solidified. I heard parents saying, “It wasn’t the deafness that was the problem, it was the (learning disabilities, medical problems, etc.).” These are not comments typical of parents of deaf children. I also heard a congenitally deaf early adolescent use highly sophisticated, colloquial English (e.g., “Could you elaborate on that some more, please”). This was stunning. An additional factor that later became apparent, was that Thomas’ dad was one of the many men who have difficulty learning to sign. However, he picked up Cued Speech quickly and was, therefore, able to communicate visually with Thomas. It was also wonderful not to be tied to sign books. While I could sign a Cognitive Psychology class when Thomas was diagnosed, I didn’t even know the sign for “diaper.” However, with Cued
Speech, I could just cue what I said.

I guess I should mention that, although people in my department at Gallaudet were very supportive, I had some very negative reactions from some people, and even received hate mail telling me that cueing with Thomas was, “A slap in the face of Deaf culture.” That it was tantamount to child abuse. However, as I continued to explain my reasoning, and made it clear that I was also exposing him to ASL, the fury seemed to diminish. Many people I discussed this with came to understand that my goal for Thomas was increasing his options, not isolating him from Deaf culture.

Thomas received early intervention services from the Maryland School for the Deaf and local county school systems. At 2, he attended a part-time day program on Gallaudet campus using ASL, and a daycare that used a combination of signs and speech. He also received services through Montgomery County Schools using Cued Speech. He had consistent access to visual communication throughout the day. At around 2¼, his residual hearing disappeared and we pursued a Cochlear Implant (CI). He was implanted at just over 3 years old and activated at 3¼. He hears quite well with his implant, although he has not always been able to process language through it. Although the implant center discouraged the use of Cued Speech, we persisted and insisted that they provide a clinician who could provide his implant training with the support of Cued Speech. Eventually they did. Persistence works.

Despite our efforts to provide Thomas with high quality language models in both ASL and English, over the years, it became clear that Thomas was a complex child. During his toddler years, it was undeniable that he had Attention Deficit Hyperactivity Disorder (ADHD), and we finally started him on stimulant medication just before he turned 4. During preschool
and his pre-kindergarten years in the Cued Speech program in Montgomery County Schools, it became increasingly clear that, although he was bright, Thomas was not developing language. The school assumed that this was because he was not appropriate for Cued Speech and wanted to transfer him to the Total Communication (signing) program. We made it clear that Thomas had been exposed to plenty of signing, and that his language delays were just as severe in ASL as they were in English. Although it required the presence of a lawyer, referrals for evaluations were finally made and, at about 5½, he was also diagnosed with a profound receptive-expressive language disorder. This was not caused by his deafness, but was exacerbated by it. Thus, despite above average intelligence and having more intervention than the vast majority of deaf kids, as a kindergartner Thomas had a total vocabulary of about a hundred words (including signs).

At that point, I began an intervention called Fast ForWord™ developed for hearing children with language disorders through his cochlear implant and, while he took more than twice as long as the typical hearing child with a language disorder to complete the program, he finally started to develop language. Cued Speech helped me get him past the early levels, as he was more impaired than the target population for the program. He even began to pick up more signs, although this was a pure auditory English program. He was eventually transferred to the Augmentative and Alternative classroom, and then to a private school for children with multiple or severe disabilities that focused on language disorders, where he is currently in middle school. Due to the auditory-oral nature of the intervention used to treat his language disorder, Thomas functions best linguistically through speech
and listening, with the support of Cued Speech (preferably, as it clarifies what he hears through the implant) or signs. He has been getting private speech therapy from a wonderful clinician who works on his English language, reading, listening, and speech. We have provided him with a vast array of interventions, including follow-up programs from Scientific Learning, the people who made Fast ForWord™. Each of these interventions has helped. At school, while classes are oral, his speech-language therapist and educational audiologist both cue, although not all the time.

At 14, Thomas still has a severe language disorder, as well as a range of difficulties. The combination of the cochlear implant, Fast ForWord™, and Cued Speech has allowed him to develop enough language that we can negotiate about homework and chat about his day at school. He can tell everyone about his recent favorite movie. He prefers to talk, although he can cue expressively. When cued to, his comprehension and speech both improve significantly, compared to functioning via listening and speechreading alone.

The impact of Cued Speech is most clear related to his reading skills. Due to the impact of Cued Speech, testing just after he turned 14 showed him to have age appropriate word attack skills (sounding out words). This is amazing for either a deaf child or one with a language disorder. It is phenomenal for one with both conditions. Even so, due to his language disorder, his reading comprehension is still at the late first to early second grade level. This clearly shows that his word attack skills are Cued Speech associated rather than secondary to the other interventions he has received. If the latter were the case, the skills would be more balanced. Therefore, we know that as his language improves, he has the basic skills required for skilled reading and his reading comprehension will improve.

What would I tell parents? If you want a literate deaf child, cue. If there are problems, cue more. If people tell you your child
has another disability so you should switch to signing, cue. Sure, seek out other interventions and provide access to a range of communication approaches, but you keep cueing. If he doesn’t seem to look at you, cue. If she doesn’t seem to follow your cueing, cue more slowly. Take pictures of your cues, put them on paper with words, and label everything in the house. And cue.
Kevin’s Story
By Darla Rance

Kevin Rance
Born March 12, 1990 in Austin, TX, now living in Fayetteville, GA
Diagnosed at 17 months with a profound hearing loss
Began cueing at 2½ years

When my son Kevin was about 2 ½ years old, I started to feel a certain distance building between us due to our limited communication. It felt as if something was standing in the way between us; a wall of misunderstandings, frustration, and a meager vocabulary. This feeling brought on a sense of desperation, a determination to avoid losing the closeness my son and I had such a fragile grasp on. I had to find a way to communicate openly and naturally with him. We had just moved to an area that used only sign language in the classroom for the education of deaf children. We knew a few signs, but had found it to be stilted, and a slow way of getting our point across—it wasn’t our first language. We had been using the oral approach for quite some time, but Kevin simply was not using his lipreading and listening skills to pick up new words. I also had to change my words around in my mind before I spoke them, in order to make sure whatever words Kevin saw on my lips were recognized from earlier lessons. This didn’t feel natural, either.

I knew I had to do something, so I called the parent support group for moms and dads of hearing-impaired children. I wanted to get the names of a sampling of parents using each method out there. Most signed, and a couple used the oral approach at least partly, but only one family used something called Cued Speech. I knew close to nothing about Cued Speech, and I balked at the idea of learning something new. I had done extensive research already, and the oral approach called for so much formal “teaching” on my part that I felt drained, with no more energy to
start something fresh. I called the other parents first, leaving the family who used Cued Speech for last.

As I spoke with the other parents, I realized many of my priorities for Kevin and my family were in contrast to their priorities. I also wasn’t hearing anything that gave me much confidence in being able to reach out to my son now and have that open and free communication any mom should have with her son. I finally called the last family on my list—the one who used Cued Speech. As I spoke with the mother, everything changed. I became aware of a communication option for the deaf that—if this mom was to be believed—allowed for the easy access to a natural interchange between mother and son, regardless of the severity of hearing loss and all that comes with it.

The mom I spoke with that day shared how she could tell her son anything, and that he could do the same in return. Her son understood and recognized vocabulary on her lips that was appropriate for his age. She said he was at or above grade level in his reading ability. However, what I heard loud and clear, above all else, was that I could have a straightforward, unhindered relationship with my son. That is what I wanted more than anything.

I wanted to find out more about Cued Speech, and I wanted to learn how to use the system right away. The mom I spoke with told me that, in her opinion, the best way to learn was to go to a camp where other families were learning at the same time as I was. I would have the chance to talk with other parents—both those new to Cued Speech as I was, and those who had experience with using this system and could share what worked and what didn’t. So I went to a weeklong camp and interacted with families, teens, and kids who all used Cued Speech. I saw for myself how the teens I spoke with preferred Cued Speech in their academics, but loved American Sign Language for when they signed with deaf friends. It was a well rounded, overall situation that I was
seeing here. Many people had told me before this that you had to choose one option or the other, but couldn’t have both or more than one. They were wrong.

From the time I started cueing with Kevin, it made an instant difference. Just adding that hand to go along with my mouth helped Kevin to learn words I used the first time, instead of me having to repeat the same one over and over as I had done before. He picked up words at an amazing rate. I couldn’t even understand fully how he was making the connection between the different handshapes I was using and what they meant, when I had to be taught each handshape and corresponding phoneme in the spoken English language. He was picking it all up just by watching me and having everyday conversations with me. I would say it took about a month or two for him to completely understand Cued Speech so that when I cued a new word for the first time, it didn’t matter if he knew what it meant—he could say it. A private speech and language preschool for language-delayed children had told me he couldn’t be registered there because he didn’t have enough language. They were amazed when, after just a year of Cued Speech, he was retested. Cued Speech had brought his language skills up by leaps and bounds—by more than just one year.

After that, there isn’t too much to tell as far as our family relationships and my son’s development, because it went much the same way any child’s would. There was no longer any hindrance to our communication, which is the way children first learn language in their world. This meant that Kevin had every chance to succeed in school and in other endeavors, and he did so. He has never been in a self-contained classroom. He went into kindergarten reading already. Since then, he’s always been at or above grade level in all of his classes, even those he doesn’t like so much!

I would say the biggest obstacle we had to face with Cued
Speech is the fact that many just don’t or won’t understand what it is. This wouldn’t cause so much trouble, really, because everyone is entitled to his own opinion—except that many of the ones who didn’t or wouldn’t understand were in administration or in some other position to affect my son’s education and social life at school. Learning how to fight for my child has been one of the most painful and, yet, ultimately rewarding struggles of my life. I’ve grown in many ways, but have come to feel disappointed in those who are unwilling to even look at Cued Speech as a viable option for some families. I’ve always believed strongly in a family’s right to choose what is the best fit for their children and themselves. My belief has been built largely on my own experiences of having to stand up for that right time and time again, but I know there are families who have chosen different paths and who feel just as glad as I do about ours. The thing that makes all of this frustration and advocating worthwhile is knowing that my son is a real part of his world, and a real part of his family’s world. He can do and be anything. I will never lose the ability to tell him what I think—even if he doesn’t want to “hear” it—and my son will never have to be misunderstood in what he is trying to tell me. The only thing getting in the way is that “normal” thing that gets in all of our ways as people trying to understand each other—our own stubbornness or inability to put ourselves in someone else’s shoes, and our inherent differences. I am thankful that Cued Speech has opened the doors for my child to a world of communication and experiences he should not have to miss simply because he cannot hear.
Shanna’s Story
By Susie Sorrells

Shanna Sorrells
Born December 18, 1988 in Washington, D.C.
Diagnosed at 3 months with a severe-to-profound hearing loss
Exposed to cueing from 2 years
Cochlear implantation at 15 years

Three months early and just 2½ pounds, our beautiful first-born child, Shanna, entered the world. Actually, she somewhat resembled a supermarket chicken, but in our eyes, she was gorgeous. After a 3-month hospital stay, she was finally discharged and that was when we were informed of her hearing test results – she was deaf! Later tests would reveal that Shanna had a severe to profound bilateral hearing loss. She was wearing hearing aids at 6 months.

We muddled through that first year as our chaotic emotions fought to meet with the reality of the situation. We were fortunate to live in a county with a renowned parent/infant program for families with deaf or hard-of-hearing children. It was truly the involvement of the professionals in that program (teachers, audiologists, parent educators and others) that sustained us during that initial turmoil, providing us with desperately needed support, information, and tools to begin our long journey.

As Shanna reached her first birthday, we realized the importance of combining a visual system to augment the auditory training we were doing with her at home. We began to incorporate signs with our verbal communication and were thrilled when, without clear speech sounds, Shanna could express some of her needs through the use of baby signs a very short time later. We enrolled in a sign language class in order to make language more
understandable for our daughter.

The following year, it was time to begin making decisions about Shanna’s pre-school educational placement in our county’s three-track system for deaf and hard-of-hearing children. (How fortunate we were to have a choice!) She could be educated in one of three program environments: sign language, oral, or Cued Speech. Her parent/infant teacher armed us with information about each approach, believing that Shanna’s progress thus far would make her a good candidate for any of the tracks. We strongly felt that Shanna’s ease and success in language acquisition would be best facilitated by combining a visual tool with spoken language. We believed that solely relying on listening and lipreading skills, as an oral approach dictated, would be too daunting a task for most children with Shanna’s level of hearing loss. The choice, then, wavered between sign language and Cued Speech.

In discussions with the teacher, we were very impressed by the results of a variety of studies on children who were utilizing Cued Speech, particularly the high level of literacy and language acquisition. Deaf children who used Cued Speech as a communication tool met or even exceeded reading levels of their hearing peers – tests of receptive and expressive language revealed similar results. We were aware also of the low reading levels reached by many users of sign language. Knowing that a person who is deaf has enough hurdles to overcome in a hearing world, we wanted to minimize any obstacles that we could for Shanna. We believed that by using Cued Speech, her literacy skills would not be compromised by her deafness, her ability to learn foreign languages would not be thwarted, her language development would not be hampered by our inability to master another language – sign language. Additionally, we learned that her lipreading skills could be enhanced as well. For those reasons and others, we chose Cued Speech. To be

We believed that by using Cued Speech, [Shanna’s] literacy skills would not be compromised by her deafness...
honest, we were somewhat overwhelmed to be making such a monumental decision regarding our daughter’s future. But, looking back, choosing Cued Speech was probably one of the best parenting decisions we have made.

As the years progressed, it was clear that Cued Speech opened doors for Shanna that we believe might otherwise have been closed. By second grade, Shanna was becoming an avid reader. Her reading and writing skills were above grade level and remained so throughout school; concomitantly, so did her receptive and expressive language skills. We vividly remember the results of her testing in sixth grade (age 11) that indicated a receptive language age of 18. Her expressive age was just shy of that.

It has been particularly gratifying to watch Shanna appreciate her skills and use them in ways that have brought her pleasure and success. Her love of reading has spurred her imagination, and enabled her to become a very competent writer. Currently, she is editor-in-chief of her high school’s on-line newspaper. Additionally, she is co-editor-in-chief of her school’s literary magazine. Prior to this position, many of her poems and short stories were included therein. She recently received a first place award (and $500) for a citywide essay contest. She has consistently been in advanced placement high school English classes, and has received top scores on the reading and writing sections of the SAT. Her current plans for college include a double major in theater and creative writing.

The success Shanna has attained thus far is primarily the result of her own fortitude, dedication and drive. However, there are many things parents can do at home to foster their child’s achievement. First and foremost, parents need to make a commitment to learn to cue and to use it constantly with their child. The onus cannot be left to the teacher who is only with that child six hours a day (minus lunch and recess). It only takes a few days to learn the cueing system, but it requires daily practice to
become fluid and efficient. Using cues with your child reinforces what he or she is learning, increases the communication between you and your child, and even helps to strengthen the parent/child bond. It truly is a demonstration of love.

Secondly, use daily opportunities to broaden and enrich your child’s vocabulary. Remember, unlike sign language, every word in your vocabulary is “cueable.” When your child understands the word “shoe,” begin building on that concept. There are “sneakers,” “loafers,” “sandals,” “tennis shoes,” etc. I remember being in the car with Shanna when she was about 7 years old. Knowing she knew the word “correctly,” I asked her if her seat belt was fastened “properly.” “What does that mean,” she inquired? Telling her it meant “correctly,” she looked at me indignantly and retorted, “Then why didn’t you just SAY that?”

Finally, use the world around you as your classroom and fill it with language. It’s wonderful if you can take your child to the zoo, a farm, a beach. However, just as much learning can occur in everyday places in your neighborhood. In the grocery store, you can discuss categories of food and what is included (produce, dairy, etc.). You can build on math vocabulary (unit pricing, weights, and measures). Sensory words can be taught (smooth, fuzzy peaches, prickly pineapples). A hike in the woods allows you to explore nature as you casually add language to the experience. Even the gas station can offer opportunities for new words.

While initially daunting, raising a deaf child can be a wondrous experience, taking you places you never dreamed.

While initially daunting, raising a deaf child can be a wondrous experience, taking you places you never dreamed. Just remember, when your child is around you, keep talking, and keep cueing!
Our story starts in New York where the kids were born. My name is Kathy and my husband, Mike, and I have 2 children, Jema and Dan. Dan was born critically ill and was in intensive care for 39 days. Medication he received in the hospital left him profoundly deaf. He was diagnosed at 18 months, fitted with hearing aids, and we were told to start signing immediately. As I explored options during that first year we decided we would like to try oralism. The audiologist told us that it was too late. Since we had been signing to him for a year, he would never be able to speak. This was in 1989 and Dan was 3 years old.

We came to cueing late. Dan was 10 years old. I was attending a language workshop given by Barbara Lee and, all of a sudden, I got it. Dan’s problem was he had no language to call his own. The teachers of students who are hearing-impaired were not signing in English. They said they were, but Dan was not receiving a clear model of the English language. No wonder he was barely able to read and write. Barbara’s advice to us was to learn to cue and then cue everything. We went to camp Cheerio that year, and then to Utah for Camp CueTah. We were cueing slowly and deliberately, but we were cueing. Dan was struggling to understand the cues, so, for at least a year we cued then signed then cued so he wouldn’t be so frustrated. The school system was angry with us. They thought we were crazy parents in denial. No child in their system had ever successfully gone from signing to oral. They were angry because we challenged the way they were teaching the kids who used sign language. As a result, they did
not teach him to cue, and did not work on his receptive cueing.

By the end of seventh grade, things were really a mess. His language wasn’t any better. Dan and I were spending at least three hours a night trying to do his homework and learn the curriculum. Dan’s self-esteem was very low. He believed he was stupid. We had a meeting to discuss his individualized education program (IEP). The teacher of the hearing-impaired told us that Cued Speech didn’t work for Dan and we should use American Sign Language (ASL) so he would at least learn a few concepts. When I asked, “Then how will you teach him to read?” The teacher of the deaf just shrugged her shoulders.

At our insistence, another meeting was held with an administrator from Wake County included. I asked Barbara Lee to come as a language expert. Dan’s teachers told us he had passed the seventh grade, but he had not accomplished one IEP goal all year. Doug Hooper, the administrator for Wake County, referred us to the North Carolina State Diagnostic Teaching clinic for a full language and reading evaluation. The results were devastating. Dan’s functional English language was at a preschool level. His reading was on a first grade level. The NC State people were so appalled they volunteered to be our witness at court. As Mike and I started demanding explanation and accountability, a Wake County administrator said to me, “Some parents think it’s okay that their kids read on a second grade level. They just want them to have the high school experience.” We told them we were consulting a lawyer.

We had a six-hour IEP meeting to come up with a plan. At our request, Barbara Lee was hired to develop and implement it. The plan was very radical, but Barbara believed it was possible to save him. His eighth grade year, Dan was pulled out of the mainstream and spent 80% of his school day working one-on-one with Barbara and another teacher of the hearing-impaired, whom Barbara was mentoring. He was put into a discrete reading program. The first thing they all worked on was making sure...
Dan could cue and receive cues. That helped tremendously. The year went well and, slowly, we started to see some progress. Testing at the end of the year, using the Clinical Evaluation of Language Fundamentals (CELF) showed a standard score of 69 receptive and 75 expressive (significantly impaired). He had mastered the cueing system and we all worked on inputting vocabulary everyday.

Dan started high school in September 2001 with a five-year plan. His first year was very similar to his eighth grade. Barbara had come with him to the high school. He spent most of his day working one-on-one with her. His progress was becoming noticeable in the way he would talk and the vocabulary he was using. His speech became more intelligible as he was cueing, because he had to cue slowly.

Wake County still didn’t believe that Dan could improve much more. They told me that since the national reading level for deaf adults was third or fourth grade; they hadn’t done such a bad job. After that, the relationship became adversarial. We held them accountable for progress, and had meetings every month so we could monitor it.

Once Dan got some basic English and reading skills, his progress really took off. He made it back to the mainstream, but still needed some support. For the most part, he could read the textbooks. He passed the 8th grade reading competency test. Vocabulary was, and is, an issue, but it continues to get better every day.

Dan’s progress was documented every year by standardized tests. The CELF results were amazing. He started out with a standard score of less than 50 in both receptive and expressive language when he was tested before the intervention. The last CELF was completed just before graduation with his score for receptive language at 82 and expressive language 84 (low average). While Dan was working so hard in high school, he
also managed to be on the varsity diving team for four years, going to the state championship his junior year.

**Summary of Testing**

**Woodcock Diagnostic Reading Battery**

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**Clinical Evaluation of Language Fundamentals**

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**Peabody Picture Vocabulary Test**

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Dan is in community college this year and plans to transfer to NC State as a junior to pursue his lifelong dream of being a meteorologist.

Cued Speech saved Dan’s life. I wish we had figured it out earlier. We all cue at home, and Dan is reading lips very well also. This helps him in communication in the community. Dan asked for and received a cochlear implant when he was 17. The beginning was really tough, but once he got it, he just took off. Every day he hears more, and Cued Speech takes care of what he doesn’t. Dan uses a combination of Cued Speech, signing, and speaking when he is out with his friends depending on what’s happening. He receives his entire academic input through Cued Speech.
If I were giving advice to parents, it would be to not give up. It is never too late to learn language. It was not an easy journey for us, but it was so worth it to see my son in college and able to do the work. Do not let a school system tell you that there is nothing more to do. All kids can learn language as long as they are receiving a clear and complete model of the language of instruction. In Dan’s case, it was English. We are so grateful for Cued Speech and Barbara Lee, who taught me not to give up.

_Cued Speech saved Dan’s life._
_I wish we had figured it out earlier._
Using Cued Speech to Build English Language Proficiency
by Sarina Roffé

Introduction

People often point to literacy as the main advantage of cueing. Certainly, this is the most profound, long-term benefit of using Cued Speech as a mode of communication. For literacy to occur, we must use Cued Speech to communicate language and vocabulary in the home as the building blocks of literacy.

It is not enough to use Cued Speech for basic language. Just as with hearing children who have high verbal ability, the child who is deaf or hard-of-hearing will only have good expressive ability if the parent uses Cued Speech in a variety of ways that develop a high quality vocabulary.

Your child’s progress will depend on how much, how often and at what level of language you cue. Think of cueing as a life-long investment that will pay off in huge dividends.

Another important factor is the understanding of the difference between language and speech, which are often confused. Language is what we say and speech is how we say it. If you express yourself in the English language, which is spoken, you may not have good speech, or enunciation. However, it is the language that enables thought processes and the understanding of higher-level concepts, not the speech.

Cued Speech is for the development of language. Cueing may be used to correct speech and to show how to pronounce a word, but the overall philosophy is that both expressive and receptive language can develop as a normative process. Once a child has a solid foundation of a spoken language, then the child can be taught speech. The language foundation and the experience using language are like the mortar and bricks of an office building. These are the building blocks of ideas, of understanding, of higher-level thinking used to expand the mind.
with varying ideas. Cued Speech allows for the free expression of ideas and conversation between parent and child in the parents’ native spoken language.

In the words of Daniel Ling, “Speech has no value if the child has no language.” Parents often think that if a child has understandable speech, he or she will also have good language. But language and speech are not one and the same and, frankly, good language is of far greater importance than good speech.

**Building Attention and Eye Contact**

As you begin cueing and gaining fluency, you may notice that the child’s attention span does not match your cueing ability. In other words, your child will look away before you finish cueing. This is normal. It will take time for the child’s attention to be focused long enough for you to cue complete sentences. To build your child’s attention span, begin by waiting for the child to look at you, even for a fleeting second, and cue a word. If the child does not look at you at all, then lightly touch his or her arm, wait for the child to look up at you, and then cue.

Another way to capitalize on obtaining the child’s attention is to use the opportunities available in your home such as bath time, changing a diaper, dressing the child, or feeding time. These represent times when the child will be sitting still and you can focus the child’s attention to your face and cues. Wait for eye contact before you cue, even if it’s brief. Be consistent. Cue the same things over and over again.

**If Your Child Babbles**

Infant babbling is an essential part of language development. This is the time when the child experiments with his or her vocal cords. The idea of using the voice to communicate must be reinforced so the child will know this is an important function. A baby who is deaf or hard-of-hearing may or may not hear himself babble (mama, dada, papa, ee-ee, oooooo, whoosh, etc.).

If you are fortunate enough to be reading this book when your child is still in the babbling stage, know that it is important
to reinforce the babbling with cueing. Cueing your baby’s babble back to him or her will encourage more and more babble and repetition. By cueing what your child says back to him, you validate what they are saying and show you understand them. Cueing babbling is also terrific practice for the new cuer!

In addition to babies using their vocal cords to babble, they may use their hands as well in an attempt to imitate your cues. Be sure to encourage this, too. By encouraging your child to expressively cue, you will enable them to have clear communication when he meets another cuer, an invaluable gift to your child.

**Building a Language Foundation**

Hearing children learn language effortlessly through listening, eavesdropping, exposure, and interaction. Children are naturally curious, and, when building language, it is important to build on that curiosity. Parents of children who are deaf and hard-of-hearing can build vocabulary by providing a model for language structure, through daily routine, and the vocabulary used in those routines.

*It is important to begin cueing to the child who is deaf or hard-of-hearing before you gain cueing fluency.*

Cueing is new to both of you and requires practice on the part of the parent. Training the child to watch for the cues is not an overnight process. It takes time. The child must learn that this is the way important information will be communicated.

As a parent, you must also understand that vocabulary development is the baseline for communication and literacy. The more words you cue to your child, the larger his or her vocabulary. From words come sentences. From sentences come questions. From questions, come answers and the experience of using language, with all its semantics. From learning and understanding, there comes the growth of knowledge. From all of these, comes the foundation for literacy.

The home is a learning laboratory and language should be thought of in the context of parent and child, not teacher and
child. Make learning language a game that occurs within the parent-child relationship, not in a structured environment.

To build language in the very young child who is deaf or hard-of-hearing, begin cueing with some of the sample activities provided in the next section. Repeat what your child says by cueing it back to him or her.

It is important to avoid baby language. A pacifier is a pacifier, not a baa-baa or a bō-bō or a paci. Build on known vocabulary, the words and phrases your child may be familiar with.

Use every opportunity to talk and cue to your child and build vocabulary just as you would simply talk with a hearing child.

**Expect Expressive Language**

Receptive language is the language your child understands. Expressive language is the language your child uses expressively. Once a child has built a reservoir of receptive language, it is important to expect the child to use it expressively.

Don’t accept pointing or gestures when a child is demanding something. Give him the words through cues to express himself. If the child points to a cookie, and you know he wants the cookie, then hold the cookie and say, “Do you want a cookie?” If the child indicates in the affirmative, then say, “You need to ask for it. Say, ‘Please, may I have a cookie?’” When your child puts two fingers at his throat and taps (a possible cueing sequence for cookie), give them the cookie. Then, raise the bar for the next time by asking them to cue and say “please.” Use and expect language, and you will get language. Cue all the time and be consistent in your expectations.

The next section is a reservoir of activities that you can use to build language and vocabulary. These are listed in order from simple activities to building more complex language. These are ideas to help parents use Cued Speech in a variety of ways, ways that build language and communication, which are the building blocks of literacy.
Quick Ideas to Build Language

1. Cue the **names** of everyone in the family every time you use them.


3. Cue your **child’s babbling** or **whatever your child says** — cueing it back reinforces what they are saying and tells them that you understood them.

4. Use **carrier phrases**: *It’s time to _____. Let’s wash your _____. Let’s go _____. Do you want _____?*

5. Cue sounds in the **environment** like buzz, roar, swoosh, thud, ding-dong, and smack, etc., especially with children learning to use a cochlear implant because it validates what they hear.

6. Remember to cue **colors** — not just red, blue and yellow, but magenta, purple, lavender, and turquoise.

7. Cue **body parts** — once the child knows eyes, nose and mouth, move on to lips, cheeks, eyebrows, forehead, etc.

8. Cue the names of farm, jungle, and zoo **animals**.

9. Count objects and use **numbers**.

10. Use the names of the **shapes** of objects such as triangles, squares, polygons, and ovals.

11. Sing and cue the **alphabet**.

12. Familiarize your child with **animal sounds**. *Moo, oink, baaa, neigh, quack quack.*

13. Use **prepositions** and **opposites** — on/off, under/over, near/far, in/out, etc.
14. Use **adjectives** — the dog’s tail is *bushy, thin, thick, long, or short*. A shirt is *plaid, striped or solid*. He is wearing a *flowery* shirt.

15. Talk about how things **smell** and their **texture** — *soft, hard, sandy, rough, or smooth*.

16. Use **brand names** — *Nike sneakers, Calvin Klein, Cheerios, Kix*.

17. Use **names of toys** — *Elmo, Cookie Monster*

18. Sing **nursery rhymes** with your child.

19. Talk about how things are the **same** or **different**.
Sample Activities to Build Language

1. **Walk around your home** and name objects.

2. When **changing your baby’s diaper**, talk about his or her body parts or play games like *This little piggy went to market*.

3. **Use feeding time** to talk about the names of foods.

4. **Use bath time** to talk about body parts, blow bubbles, and talk to your child.

5. **Cue while you dress your child.**
   
   *Let’s put on your shirt.*
   
   *Put your arms in the sleeves.*
   
   *Now let’s put on your pants.*
   
   *Give me your leg.*
   
   *Put your leg in the pants.*
   
   *Let’s pull up the pants.*
   
   *I’ll zip the pants.*

6. **Make a photo album of family members.** Write the name of each person under his or her photo. Show your child the photo album and cue and say the names of the relatives. Before a visit with a relative, such as a grandparent, show the child the photo album, point to the photo and say and cue the person’s name.

7. **Make a shopping list with your child and go shopping.**
   
   *Do we need apples? We need three apples.*
   
   *Do we need cereal? What kind of cereal do we need? We need four oranges.*

   After you make the list, take your child to the supermarket with the specific purpose of purchasing what’s on the list and only what’s on the list. Avoid the temptation of buying other items the first time you do this exercise.

8. **Cook simple** things together. Instant pudding is a great thing to make because it’s easy and there’s lots of language. Pouring, mixing, shaking, pouring. Talk about how thin the milk is, how powdery the pudding mix is, and how thick the
pudding is after it’s made. Point out the sound the blender makes when mixing the milk and pudding mix together.

9. **Language Experience Books.** One way to build language is to provide something visual so that a child can sequence events that have occurred. The concept of *Language Experience books* is to take a simple activity you have done with the child, such as going to McDonald’s, and break it down into small steps in sequential order. Here we have a sequence of five actions. To make the activity book, you can draw one item on a page and put the description, only a sentence, on the page. A child is always more interested in a book that involves himself. For example:

1. Mommy, Daddy, and Johnny got in the car
2. We drove to the diner.
3. Johnny ordered a hamburger, french fries, and a soda.
4. Johnny ate lunch.
5. The three of us went home.

10. **Read often and cue when you read to your child.** Choose books of your child’s language level or slightly higher. If you can’t cue the whole thing, then cue parts of each page, but remember to cue, cue, cue. Have your child snuggle in your lap in front of a large mirror so she can look up and see you cue in the mirror, while still feeling you hold her. Allow time for your child to explore the pictures of the book before or after you read the words. Their eyes can’t focus on two places at once.

11. **Take a walk in the neighborhood or in a park and use it to build language.** Name the plants, trees, and flowers. Talk about different cars people have. See how many colors you can find. Talk about or name unusual objects you might take for granted — the fire hydrant, the sewer cover, a parking meter. Talk about what they are used for.

12. **Talk about the child’s interests.** If your child likes cars,
then talk about cars — the colors, types, and parts of a car. If your child likes dolls, talk about the parts of the doll, the clothing she wears. If your child likes to build, talk about the names of tools and what they are used for.

13. Take field trips

- Go to the zoo and talk about the zoo animals. Are their tails long or short? Thick or thin? Bushy or straight? Are their ears floppy or pointy? Is the neck short or long? A giraffe has a long neck. A kangaroo hops and holds a baby in its pouch. What’s the difference between an Asian elephant and an African elephant?

- Go to a farm and talk about farm animals. Talk about their eating habits and what the animals produce. Chickens have feathers and make eggs. Cows have fur and make milk.

- Go to the beach or lake. Build castles in the sand. Mention how wet sand is easier to work with when building. Talk about how the waves come and go and wash away the castles at night.

- Go to an aquarium and talk about the fish, dolphins and other sea life.

Building Advanced Language

Building advanced language requires parents to grow with their child by using more complex language and phrases. Strong language requires more than just a large vocabulary. Your child needs to be able to use words in myriad ways to express simple to complex thoughts. As language builds, expect expressive speech, and expect for the child to ask questions.

Here are some ideas for building advanced vocabulary and more complex language.

1. Categorize items by one attribute, then two, etc.

Take items of different shapes and colors and place them
on a table. Ask the child to give you all the yellow objects. Ask the child to give you all the triangles. Once the child has mastered this, work up to two attributes. Ask the child to give you all the yellow triangles. This activity can be done with a variety of objects and attributes. For example: farm animals, jungle animals, things that live in the sea, etc.

2. **Ask questions and expect answers.**
   - What’s your name?
   - How old are you?
   - Where do you live?
   - Where is your jacket?
   - What do you want to eat?

3. **Talk about emotions** and how things feel. If your child is angry or sad or happy, give him or her the words to say it (i.e. I am angry, sad, upset).

4. **Listen to hearing children** talk among themselves. Listen for phrases you wouldn’t normally say and work them into the vocabulary you use with your child.

5. **Teach your child to answer riddles.**

6. **Play charades.**

7. **Use maps to talk about different places.**

8. **Play memory games.**

9. **Use idiomatic expressions.**

10. **Use expressions from a non-English language.**
    
    *Carpe diem! /kah, r, pay, dee, uh, m/
    (Seize the day!)*
Cued Speech

Developed in 1966, this mode of communication uses the mouth and hand to visually distinguish the building blocks of a spoken language, thus allowing for the clear transmission of language between two or more cuers. Handshapes, placements, and movements combine with mouth movements to clearly show the string of consonants and vowels that represent the thoughts of a cuer.

The Original Purpose of the System

Dr. Orin Cornett, the creator of Cued Speech, developed the system for the purpose of improving the poor literacy levels he saw occurring in deaf education around the country. By providing visual access to the string of consonants and vowels of a language at a rate similar to speech, he felt deaf children could acquire English in a way that American Sign Language and oral education were unable to provide.

Cued American English

English contains approximately 40 individual phonemes. In cued English, groups of consonants are represented by handshapes and groups of vowels are represented by placements and movements. When these handshapes and placements are paired with corresponding mouthshapes and facial expression, the basic building blocks of English (phonemes) can be expressed at a rate similar to that of spoken language. By providing access to this stream of consonants and vowels with additional information (facial expression, force of cues, head movement, etc.), a rich language can be conveyed visually with all of its intricacies and nuances including laughter, surprise, anger, sarcasm, teasing, annoyance, indifference, etc.
Learning How to Cue

Children exposed to cueing during the critical time of language development, birth to age 6, learn how to cue by being exposed to it. Just as many hearing children simply hear English around them and begin to play with the sounds as they babble, cue kids learn by being immersed in a visually language-rich environment.

For adults who want to apply this skill to a language they already know (spoken or written), the process is much more deliberate and the time it takes to achieve proficiency varies by individual. The system used to convey cued English is a closed set of information. As you learn the pieces of the system and how they apply to English, you learn how to select the appropriate representation for your dialect of American English.

Dissecting the words you use to communicate into a string of consonants and vowels is a task that some easily master. Others struggle to break words down into these small building blocks. These consonants and vowels don’t always correlate with the printed word. Just as learning to spell in English can be a challenge (for example: though, through, cough, and tough don’t rhyme, but fare, hair, and tear do), the reverse process can be challenging as well. You must stop thinking in terms of
spelling and start thinking in terms of target phonemes (what consonant or vowel that letter(s) is striving to represent. For example the following words all end with the phoneme /f/: graph, if, or laugh. These words all contain the short vowel /e/: head, bed, said, says, friend, guest).

Your ability to accurately identify a string of phonemes plays a large role in how long it will take you to develop cueing skills. Learning the pieces of the system takes some instruction and memorization, and can occur in a short time frame (long class sessions over a weekend or short sessions during a several-week period). After memorizing the system and learning how to execute the cues, the difficulty is in building speed and fluency. Developing fluency comes with practice, repetition, and use. New cuers tend to develop a set of phrases they are comfortable using and then slow down when they encounter a word they have never cued before.

Cue camps and workshops that take place around the country are often the best place to learn how to cue. Teachers need to be certified by the National Cued Speech Association in order to work at NCSA co-sponsored camps. This ensures that the information presented about the system, including its history, is taught consistently, no matter who the instructor. Not only do you receive excellent instruction during the day, but, outside of class you see cueing in action in myriad ways (parent to child, friend to friend, deaf adult to hearing child, etc.). This exposure aids in understanding how the mode of communication actually works and provides hope that your speed will develop. Instructors also monitor your progress, making sure you are executing the cues correctly and not acquiring any hard-to-break habits.

You can also learn how to cue from a DVD or CD-ROM. Contact Cued Speech Discovery (www.cuedspeech.com) for a catalog to see what resources are available. These products can be very useful after you have taken a class, to provide practice and reinforcement of newly acquired skills and knowledge.
Cued Speech gave me the confidence to know my deaf son understood me and the freedom to be a mother again.—Sarina Roffé

Our family story is somewhat unique. As far as we know, we are the only deaf native cuers with deaf children who use ONLY Cued Speech with their children…. Of course, as deaf adults, Steve and I had somewhat of an advantage over a family who has had no prior experience.—Grace Consacro

Family and friends wondered what this Cued Speech journey was all about. No one had ever heard of Cued Speech. Some questioned and gently challenged our choice…We held fast to our commitment.—Katherine Burns-Christenson

What would I tell parents? If you want a literate deaf child, cue. If there are problems, cue more. If people tell you your child has another disability so you should switch to signing, cue.—Donna Morere

From the time I started cueing with Kevin, it made an instant difference. Just adding that hand to go along with my mouth helped Kevin to learn words I used the first time, instead of me having to repeat the same one over and over as I had done before. He picked up words at an amazing rate.—Darla Rance

We believed that by using Cued Speech, her literacy skills would not be compromised by her deafness, her ability to learn foreign languages would not be thwarted, her language development would not be hampered by our inability to master another language – sign language.—Susie Sorrells

We came to cueing late. Dan was 10 years old…Cued Speech saved Dan’s life. I wish we had figured it out earlier.—Kathy Goodman