March 30, 2012

MEMORANDUM

TO: City and County Superintendents of Education
    City and County Special Education Coordinators

FROM: Thomas R. Bice
    State Superintendent of Education

SUBJECT: Summer Institute in Spoken Language Development for Children with Hearing Loss (July 9-20, 2012)

The State Department of Education (SDE), Special Education Services (SES) Section, through a contractual agreement with the Alabama Ear Institute in Birmingham, Alabama, will be offering summer training in the Development of Spoken Language for children with hearing loss utilizing Auditory-Verbal Therapy (AVT)/Auditory Oral techniques and methods.

Training will be held at Canterbury United Methodist Church in Birmingham, Alabama, on July 9-20, 2012. The target audience for this training is speech language pathologists, audiologists, special education teachers, and teachers of the hearing-impaired.

The training is designed to provide training and skills development in the principles and practice of spoken language development of children with hearing loss in individual therapy and group activities in a school setting. Training will occur through lectures, discussions, videotape analysis, self-study, and practicum experience coordinated with the Alabama School for Hearing. Faculty for the Institute will include Certified Auditory-Verbal Therapists from Alabama, Children’s Hospital, UAB School of Medicine, and staff of the Alabama School for Hearing.

Scholarships are available for Alabama educational professionals to attend that include:

- Tuition for the Institute.
- Mileage to/from home to Birmingham for one round trip at state rates.
- Per diem at state rates.

Week One:
- Scholarships will be limited to 30 participants.

Week Two Practicum:
- Scholarships will be limited to ten (10) participants.
Please inform your staff that might be interested in attending and encourage them to complete and mail or fax the enclosed application as soon as possible, but no later than April 23, 2012, to:

Mr. Harry Wooten  
Alabama Ear Institute  
300 Office Park Drive, Suite 210  
Birmingham, AL 35223  
Fax: (205) 879-4233

Participants will be selected based on their application information and the date of submission of the application. Applicants selected for the training will be notified by e-mail. Should you have questions, you may contact Mr. Wooten at (205) 879-4234 or Ms. Fannie Adams in SDE/SES at (334) 242-8114.

TRB/BSB/SDR  
Enclosures  
cc: Ms. Crystal Richardson  
Ms. Fannie Adams  
Mr. Harry Wooten  

FY12-2068
SCHEDULE FOR TRAINING

WEEK ONE
Monday, July 9, 2012
8 AM – 9 AM
Registration

9 AM – 5 PM
"Auditory Function / A-V Applications & Techniques"
Natalie Baldwin, M.S., CCC-SLP, LSLS Cert AVT
Kelli Ellis, M.S., CCC-SLP, Cert AVT

Tuesday, July 10, 2012
8:30 AM – 4 PM
"Auditory Function / A-V Applications"
Natalie Baldwin, M.S., CCC-SLP, LSLS Cert AVT
Kelli Ellis, M.S., CCC-SLP, Cert AVT

Wednesday, July 11, 2012
9 AM – 5 PM
"Spoken Language Development"
Shannon Waid, MCD, CCC-SLP, LSLS Cert AVT
Beth Oliver, MCD, CCC-SLP, LSLS Cert AV Ed.

Thursday, July 12, 2012
9 AM – 11 AM
"Application of Audiology to Listening and Spoken Language Development"
Kathy Wilkins-Jones, Au.D., CCC-A, LSLS Cert AVT
Anna Eason, Au.D., CCC-A

11:30 AM – 12:30 PM
Lunch

12:30 PM – 2 PM
"Cochlear Implants"
Audie Woolley, M.D.
Medical Director, Children’s Hospital Cochlear Implant Program

2 PM – 3:30 PM
"The Genetics of Hearing Loss"
Nathaniel H. Robin, M.D.
UAB School of Medicine

3:30 PM – 5 PM
"Management of Assistive Listening Technology"
Kathy Wilkins-Jones, Au.D., CCC-A, LSLS Cert AVT
Anna Eason, Au.D., CCC-A
Friday, July 13, 2012
9 AM – 12 NOON
“Auditory-Verbal Therapy: Planning, Observation & Evaluation of A-V Session”
Natalie Baldwin, M.S., CCC-SLP, LSLS Cert AVT

12 NOON
Adjourn

WEEK TWO
Monday, July 16
9 AM – 10 AM
Orientation for Week Two participants

10 AM – 12 NOON
Therapy assignments/Planning for Tuesday therapy sessions

12 NOON – 1 PM
Lunch

1 PM – 3 PM
Continue preparation for therapy sessions on Tuesday

Tuesday – Thursday – July 17-19
8:30 AM – 9 AM
Planning for therapy sessions

9 AM – 10 AM
Individual team therapy sessions

10 AM – 11 AM
Therapy session and evaluation w/coach

11 AM – 12 NOON
Play/Lunch

12 NOON – 1 PM
Planning for therapy sessions

1 PM – 2 PM
Individual team therapy sessions

2 PM – 3 PM
Therapy session and evaluation w/coach

3 PM – 4 PM
Planning for therapy sessions

4 PM – 5 PM
Daily wrap-up & review

Friday, July 20
9 AM – 12 NOON
Final individual evaluations conducted by coaching team
2012 AEI SUMMER INSTITUTE
SPOKEN LANGUAGE DEVELOPMENT FOR CHILDREN WITH HEARING LOSS
Alabama Department of Education

SCHOLARSHIP APPLICATION

Name: _____________________________________ Occupation: ____________________________

Employer: _______________________________________________________________________

Mailing Address: ___________________________________________________________________

City: __________________________________ State: ___________ Zip: ________________

(REQUIRED)
Personal E-Mail (NOT your school e-mail address): _______________________________________

Phone (H): ____________________ (Cell) _______________________

Fax: ________________________

Do you need any special devices to participate (FM devices, etc.)?
If so, please specify:
______________________________________________________________________________

Scholarships are limited to 30 participants and will be awarded based on letter of application and in order of receipt by AEI.

Applications must be received no later than April 23, 2012, and applicants will be notified by e-mail of their acceptance into the Institute by April 30, 2012. Directions and other appropriate information will be sent to you at that time.

REQUIRED LETTER: Please include a one-page letter stating why you wish to attend the Institute, including your level of experience in the A-V/Auditory-Oral approaches to spoken language development, number of children with hearing loss in your class/caseload. Please list any specific questions/areas of need that you would like to have addressed during the Institute.

I would like to request a scholarship for:
Week One Only: _____ Both Weeks: _____

______________________________________________________________________________

Signature Date