

# Lesson Kits for Babies

ONE TO THREE YEARS  
01 ROUTINES



hearLIFE

Learn About the MED-EL Lesson Kits for Babies	1
Key Strategies for Talking and Playing with Young Children with Hearing Devices	4
Learn About the Lesson Plans	7
Lesson Plan Level 1, Level 2, Group Lesson Plan	8
1. Snack Time Therapist Notes, Resources	11
2. Bath Time Therapist Notes	17
3. Bedtime Therapist Notes	21
4. Five Little Monkeys Songbook & Puppets Therapist Notes, Resources	23
Group Lesson Therapist Notes	33
Play Sounds	34
References	36

We'd like these kits to help as many people as possible, so the *MED-EL Lesson Kits for Babies* may be shared openly for fair usage. However, MED-EL retains full rights to the material, so the content may not be altered, rebranded, or repurposed for commercial use.

# Learn About The MED-EL Lesson Kits for Babies

## 1. WHAT ARE THE MED-EL LESSON KITS FOR BABIES?

The *MED-EL Lesson Kits for Babies* contain key strategies, lesson plans, therapist notes, and printable resources. Therapists can use these resources to deliver intervention with a focus on developing the listening and spoken language skills of babies using hearing technology. They can also be used to increase caregivers'\* knowledge and skills. The *MED-EL Lesson Kits for Babies* were developed for use with young children aged one to three years who are in the first 12 – 24 months following the fitting of hearing devices. They may be used to support individual or group intervention, or in telepractice. For more information about providing rehabilitation to older children using hearing technology or providing telepractice, see the [MED-EL Lesson Kits<sup>1</sup>](#) and [MED-EL Remote Lesson Kits<sup>2</sup>](#). For more information about providing rehabilitation to families of young children with hearing loss waiting for cochlear implant(s), see [MED-EL Ready, Steady, Go! For Professionals<sup>3</sup>](#).

## 2. WHAT ARE THE KEY STRATEGIES LISTED IN THE LESSON KIT?

The Key Strategies refer to techniques used to help children with hearing loss develop their listening and spoken communication skills. Therapists are encouraged to explain and model these strategies, then hand over to caregivers to learn and practice during lessons. Therapists are then encouraged to provide feedback to the caregiver on their use of strategies to develop the caregiver's knowledge, skills, and confidence. The strategies are listed and described on the following pages and are demonstrated in the [MED-EL Rehab at Home<sup>4</sup>](#) videos.

## 3. HOW DO THE LESSON PLANS WORK?

The Lesson Plans contain suggestions for caregiver education, as well as examples of listening, language, speech, cognition, play, pragmatic, and literacy goals for children using hearing technology. Lessons with families of young children have a strong focus on guiding and coaching caregivers to use strategies in meaningful interactions, play, and daily routines. Caregiver education is the central focus. Goals for the child's skills are secondary and are listed in the Lesson Plan as a guide.

Therapists must use their clinical judgement and ongoing diagnostic assessment to establish the level at which the child is functioning and identify appropriate, individualized goals and activities that are one step ahead of the child's current skills. MED-EL has several resources such as *A Child's Journey Developmental Milestones (Birth – 6 Years)*<sup>5</sup> that can be used as a guide for goal selection. For further information about this and other resources, contact your local [MED-EL representative](#).

The activities outlined in the Lesson Plan focus on caregiver education and guidance for meaningful daily interaction. They may be used in both face-to-face and telepractice sessions with minimal adaptation. Further information for telepractice can be found in the [MED-EL Remote Lesson Kits<sup>2</sup>](#).

Children under the age of 24 months have short attention spans. Prepare activities that allow caregivers repetition of practice of the same strategies with their child. To keep their child interested have multiple toys or activities available (e.g., if practicing the use of suprasegments with the phrase *around and around*, have several different toys that spin and present these to the child one at a time). Remember, it is the caregivers' interactions that will hold their child's attention. With appropriate guidance and feedback, it is also caregivers' interactions with their child that will foster the development of knowledge and skills in the caregiver and promote further positive caregiver-child interaction.

\*The term "caregiver" is used to refer to the child's significant carer/s. This could be a parent, grandparent, or family member.

#### 4. WHY ARE THERE SO MANY MENTIONS OF "GUIDE AND COACH THE CAREGIVER" IN THE THERAPIST NOTES?

Research demonstrates that a high level of caregiver involvement in rehabilitation leads to positive outcomes for children with hearing loss.<sup>6</sup> Caregiver coaching aims to support caregivers to become competent and confident in their skills and abilities to communicate with their child, act as an advocate for their child, and support their child's communication development. By guiding and coaching caregivers, therapists

- convey information,
- provide numerous and varied opportunities for caregivers to practice facilitative strategies to support their child's communication development and to promote their competence and confidence,<sup>7</sup>
- provide feedback, praise, and guidance on their use and effectiveness of communication strategies,
- highlight caregivers' positive behaviors, knowledge, and skills, and how these benefit their child to strengthen caregivers' confidence,<sup>8</sup>
- support carryover and practice of learned skills in meaningful situations in the home and in daily routines, and
- facilitate collaborative discussion, problem-solving, and decision making.

Guiding and coaching caregivers develops their skills through practice and feedback, so that they have the knowledge, skills, and confidence to continue to target their child's communication goals everyday.

#### 5. WHAT IS 'CAREGIVER EDUCATION' LISTED IN THE LESSON PLAN?

'Caregiver education' is listed in the Lesson Plan to highlight to therapists, the information, strategies, and opportunities for practice that may be provided to caregivers in the included activities to develop their knowledge, skills, and confidence to support their child's communication development. This differs from the suggested communication goals for children, as the suggestions for caregivers' education include strategies for the caregiver to learn about and practice. The goals for the child are specific, expected outcomes of intervention.

## 6. WHAT ADDITIONAL MATERIALS ARE NEEDED TO PROVIDE REHABILITATION TO BABIES USING HEARING TECHNOLOGY?

Babies learn through everyday play and interaction with their caregivers and the safe exploration of their environments. The *MED-EL Lesson Kits for Babies* offer guidance for practical, everyday activities for rehabilitation for young children to allow caregivers to practice strategies in lessons that can easily be carried over to routines and everyday activities at home. As a result, many activities described in the *Lesson Kits for Babies* require simple objects and toys. Toys that may be helpful to have in the clinic may include but are not limited to:

- Brightly colored toy animals and vehicles including a car and bus in which people figurines or toy animals can sit in
- Small people figurines to fit in vehicles
- Plastic doll
- Doll accessories (e.g., comb, hat, shoes)
- Toy tea set
- Small bed or empty shoebox, pillow, and blanket for a doll
- Small containers for hiding and bathing toys
- Plastic bath toys (e.g., ducks, fish, boats)
- Stacking rings
- Blocks
- Balls
- Toys that spin and shake (e.g., rattle, rainmaker, windmill)
- Toy car ramp
- Large inset puzzles
- Cause and effect toys (e.g., hammer and ball toys, shape sorter)
- Toys to push and pull (e.g., balls and a ramp, toys on a string)
- Books: Any type of picture book can be read to young children, but durable board books, books with bright pictures, flaps, or touch and feel pages are most suitable.

This list is offered only as a guide. It is encouraged that therapists use the toys, objects, and routines of the family home so that families are easily able to carry over goals, strategies, and activities in the home environment.

# Key Strategies for Talking and Playing with Young Children with Hearing Devices

## WHAT ARE KEY STRATEGIES?

The following key strategies are used to support the development of early communication, language, listening, speech, literacy, and social skills of children with hearing loss using hearing devices. Therapists are encouraged to model a variety of key strategies in each lesson and coach caregivers in using these strategies in the home environment to help their child integrate listening and spoken language into all aspects of life. These strategies can be used while caregivers are talking to, caring for, and playing with their children every day. The strategies listed can all be used despite what language(s) is spoken in the home.

## EYES OPEN, EARS ON

Research has shown that hearing technology use is linked to spoken language outcomes of children with hearing loss. It is recommended that children wear their hearing technology all waking hours. Acknowledge to caregivers that keeping hearing technology in young children's ears can be challenging. Share tips and tricks to support them to keep hearing technology on all waking hours. Suggest audiological/medical tape, retention lines, and bonnets. Discuss further options with the family and their audiologist. Facilitate problem-solving to increase hearing technology use by discussing with caregivers their child's current hearing device use, current awake time, and daily routines.

A functional listening check (Ling Six Sound Test) is performed on each device daily to ensure they are working optimally.

## COME CLOSE TO ME

The caregiver makes a conscious effort to move close to the child's hearing technology to ensure the auditory signal is clear. Staying close is something that caregivers are likely already doing while they feed, change, and care for their young children. Praise them and highlight the importance of this. By staying close, caregivers are providing their child the best auditory signal they can. As babies grow and begin to crawl and move around, it becomes more difficult for caregivers to stay close. Move down to their level as they play. The optimal distance is between 30 and 50 cm from their hearing technology. Moving closer provides a stronger and clearer auditory signal. Increasing the volume of one's voice deteriorates auditory information. It is better to move closer than to increase the volume of your voice.

## AUDITORY HOOKS

Exciting words such as, *Look!*, *Wow!*, *Uh-oh!* are used with emphasis to capture the child's auditory attention. The words stimulate the auditory area of the brain to be ready to listen to what is said next.

## TALK, TALK, TALK

Abundant language models are provided for the child to learn from and eventually copy. Caregivers make a conscious effort to speak about what they are doing, seeing, hearing, and thinking (self-talk) and to speak about what the child is looking at, doing, and thinking about (parallel talk).

## THE SAME THINKING PLACE

The caregiver makes a conscious effort to identify what the child is thinking about or feeling and provides comments to put those thoughts into words to encourage joint attention and language learning. An example is if the child yawns, the caregiver could comment, *Ohhh, that was a big yawn! Are you tired? Yes, you might be tired. Yawn!*

## ACOUSTIC HIGHLIGHTING

Several techniques are used by the caregiver to make spoken language more interesting to listen to and to emphasize key words. These techniques include using child-directed speech or parentese which has more pitch variation (sing-song voice), a slightly slower rate, deliberate use of pauses, and emphasis on important words by putting them at the end of a phrase or saying them a different way. Encourage the use of facial expressions and natural gestures with young children.

## LISTENING FIRST

Listening to spoken words comes before the child is given other information through vision or touch to ensure the auditory area of the brain receives stimulation from sounds and voice. This strategy facilitates the child's ability to attend to and eventually understand spoken language. An example is hiding a toy under a blanket and talking about it before showing it to the child.

## SIGNAL-TO-NOISE RATIO

Elements in the environment are deliberately and conscientiously manipulated to ensure the background noise is significantly softer than the caregivers' voice. For example, windows are closed to reduce the impact of traffic noise, and TVs and music are turned off. In optimal listening conditions, the caregivers' voice will be 15 to 25 dB louder than background noise.

## WAIT, WAIT & WAIT SOME MORE

The caregivers provide abundant language models (TALK, TALK, TALK) and then wait with expectation to encourage the child to have a turn in the conversation. A young child may take that turn by making a noise, smiling, or using a gesture (e.g., pointing or using eye gaze). An expectation that the child makes a communication attempt is set through waiting in silence, leaning towards the child, smiling, and nodding.

## SABOTAGE

A problem or challenging situation is created or identified to provide an opportunity for the child to communicate. The expectation is that the child attempts to talk about the problem or asks for help to solve the problem. An example is putting a favorite toy too high for the child to reach so the child must request help.

## EXPANSION & EXTENSION

The child's utterance is repeated with the correct grammatical markers (Expansion) or added to with another piece of information (Extension). For example, if the child says, *baby bath*, an expansion reply is, *Yes, it's the baby's bath*; an extension reply is, *Yes, let's put the baby in her bath*.

## MY VOICE MATTERS!

Every small attempt by the child to produce a sound, word, or make a communication attempt is acknowledged and valued with a comment, praise, or smile. This acknowledgment helps children understand the importance of using their voice, back and forth communication, and provides motivation to practice talking more. Combine this strategy with EXPANSION & EXTENSION by repeating the word or word approximation.

## USE CHOICES

Language models are provided in a choice question for the child to make a decision and then imitate. For example, *Do you want an apple or a banana?* or for a more advanced child, *Do you want a big red apple or a little green apple?*

## BUILD AUDITORY MEMORY

As the child's skills develop, a conscious effort is made to extend how many pieces of information the child can listen to and remember.

## AUDITORY CLOSURE

A familiar song, phrase, or sentence is used as an opportunity for the child to demonstrate that they can recognize it and can join in. The caregiver begins the song, phrase, or sentence and stops before the end and waits for the child to complete the words. An example is if the caregiver sings, "Twinkle, twinkle little....", then pauses to encourage the child's contribution.

## SONGS

A conscious effort is made to expose the child to music and singing, particularly in the form of simple children's songs and rhymes. Singing is a natural form of ACOUSTIC HIGHLIGHTING stimulating multiple areas of the brain. The repetition in children's songs makes new vocabulary and sentence structures easier to learn. Encourage caregivers to add movement such as swaying, rocking, bouncing, or hand motions as they sing to their young child.

## BOOKS, BOOKS, BOOKS

Reading books provides caregivers another activity in which they can sit close to their child and TALK, TALK, TALK. Reading books together is a good practice to get into early. Later, shared book reading can be used to extend the child's vocabulary and sentence structures, general knowledge, and understanding of the thoughts, feelings, and beliefs of others, as well as to develop literacy skills. Book sharing regularly is encouraged.



# Learn About The Lesson Plans



indicates caregiver education



indicates listening and receptive language goals






indicates spoken language and speech goals



indicates cognitive, play, pragmatic, and literacy goals

## How to choose a level

			
<b>Level 1</b>	The child is learning to listen and attend to auditory information. Spoken language is presented to the child in simple, short sentences and acoustic highlighting techniques are utilized to enable the child to attend to new information. The child is beginning to understand common words and phrases, such as family names and greetings.	The child vocalizes for their wants and needs and may be beginning to imitate Play Sounds.	Cognition refers to how we learn and gain knowledge about our world. Some cognition, play, pragmatic, and literacy skills are developmental; they develop as the child grows older, however, the relationship between cognitive, play, pragmatic, literacy, and language skills are complex, with each contributing to the other in varying degrees over the child's early years.
<b>Level 2</b>	The child is learning to listen and attend to 1 unit of information. Spoken language is presented to the child in simple short sentences and acoustic highlighting techniques are utilized to enable the child to attend to new information.	The child uses single words, has a vocabulary of up to 200 words, and may be starting to combine words to 2-word combinations. The child begins to use a variety of vowels and early developing consonants.	Depending on the child's age, use clinical judgement to select appropriate cognition, play, pragmatic, and literacy goals for each child. <i>A Child's Journey Developmental Milestones (Birth – 6 Years)</i> <sup>5</sup> may be used as a guide for goal selection.

Name: ..... Date: .....

Age: ..... Hearing Age: .....

Attendees: .....

Ling Six Sounds							
left	ah	oo	ee	m	sh	s	
right	ah	oo	ee	m	sh	s	
distance							

ACTIVITY	GOALS			
<b>LING SIX SOUND TEST</b>	<ul style="list-style-type: none"> <li>Caregiver performs the Ling Six Sound Test</li> </ul>	<ul style="list-style-type: none"> <li>Detects or imitates all six Ling sounds</li> </ul>		
<b>SNACK TIME</b>	<ul style="list-style-type: none"> <li>Caregiver practices LISTENING FIRST and TALK, TALK, TALK</li> </ul>	<ul style="list-style-type: none"> <li>Demonstrates understanding of frequently heard words (e.g., <i>Bye-bye, Mama</i>) by performing an action or looking towards a person/object</li> </ul>	<ul style="list-style-type: none"> <li>Vocalizes for wants</li> <li>Imitates suprasegmental patterns of Play Sounds (duration, intensity, and pitch)</li> </ul>	<ul style="list-style-type: none"> <li>Imitates actions (e.g., wave, drink, eat)</li> </ul>
<b>BATH TIME</b>	<ul style="list-style-type: none"> <li>Caregiver practices ACOUSTIC HIGHLIGHTING and TALK, TALK, TALK</li> </ul>	<ul style="list-style-type: none"> <li>Discriminates Play Sounds that differ in duration, intensity, and pitch by performing an action</li> </ul>	<ul style="list-style-type: none"> <li>Imitates suprasegmental patterns of Play Sounds (duration, intensity, and pitch)</li> </ul>	<ul style="list-style-type: none"> <li>Demonstrates joint attention by looking back and forth between object and caregiver</li> </ul>
<b>BEDTIME</b>	<ul style="list-style-type: none"> <li>Caregiver practices AUDITORY HOOKS</li> </ul>	<ul style="list-style-type: none"> <li>Shows awareness of softer sounds (e.g., whisper, quiet cat's meow, ticking clock)</li> </ul>	<ul style="list-style-type: none"> <li>Imitates intensity cues (loudness)</li> </ul>	<ul style="list-style-type: none"> <li>Demonstrates anticipation of familiar play activities (e.g., peek-a-boo)</li> </ul>
<b>"FIVE LITTLE MONKEYS"<sup>9</sup> SONGBOOK &amp; PUPPETS</b>	<ul style="list-style-type: none"> <li>Caregiver practices SONGS</li> </ul>	<ul style="list-style-type: none"> <li>Responds to the rhythm and melody of a song by moving body to singing</li> </ul>	<ul style="list-style-type: none"> <li>Imitates suprasegmental patterns of Play Sounds (duration, intensity, and pitch)</li> <li>Uses Play Sounds in imitation or spontaneously</li> </ul>	<ul style="list-style-type: none"> <li>Imitates actions (e.g., wave, drink, eat) matching the song</li> <li>Attends to the activity of adult reading or describing pictures in a book for a short period of time</li> </ul>
<b>DISCUSSION WITH CAREGIVER</b>	<ul style="list-style-type: none"> <li>Discuss with the caregiver the goals and strategies practiced during the session, and how they will carryover at home.</li> </ul>			

Name: ..... Date: .....

Age: ..... Hearing Age: .....

Attendees: .....

Ling Six Sounds						
left	ah	oo	ee	m	sh	s
right	ah	oo	ee	m	sh	s
distance						

ACTIVITY	GOALS			
<b>LING SIX SOUND TEST</b>	<ul style="list-style-type: none"> <li>Caregiver performs the Ling Six Sound Test</li> </ul>	<ul style="list-style-type: none"> <li>Detects or imitates all six Ling sounds</li> </ul>		
<b>SNACK TIME</b>	<ul style="list-style-type: none"> <li>Caregiver practices LISTENING FIRST and TALK, TALK, TALK</li> </ul>	<ul style="list-style-type: none"> <li>Identifies one unit of information by choosing a toy or performing an action</li> </ul>	<ul style="list-style-type: none"> <li>Uses Play Sounds in imitation or spontaneously</li> </ul>	<ul style="list-style-type: none"> <li>Uses pretend play directed towards other objects or people (e.g., pretends to feed a stuffed animal)</li> </ul>
<b>BATH TIME</b>	<ul style="list-style-type: none"> <li>Caregiver practices ACOUSTIC HIGHLIGHTING and EXPANSION &amp; EXTENSION</li> </ul>	<ul style="list-style-type: none"> <li>Identifies (demonstrates an understanding of) one unit of information by choosing a toy or performing an action</li> </ul>	<ul style="list-style-type: none"> <li>Uses Play Sounds in imitation or spontaneously</li> <li>Asks for 'more'</li> </ul>	<ul style="list-style-type: none"> <li>Uses familiar objects in appropriate ways (e.g., dries animals with a towel)</li> </ul>
<b>BEDTIME</b>	<ul style="list-style-type: none"> <li>Caregiver practices AUDITORY HOOKS and AUDITORY CLOSURE</li> </ul>	<ul style="list-style-type: none"> <li>Begins to perform simple actions to routine, familiar words, or phrases (e.g., gestures quiet in response to <i>Shhhh, it's bedtime.</i>)</li> </ul>	<ul style="list-style-type: none"> <li>Imitates Play Sounds or single words</li> </ul>	<ul style="list-style-type: none"> <li>Uses symbolic play in which one object is used to represent another object</li> </ul>
<b>"FIVE LITTLE MONKEYS"<sup>9</sup> SONGBOOK &amp; PUPPETS</b>	<ul style="list-style-type: none"> <li>Caregiver practices SONGS and AUDITORY CLOSURE</li> </ul>	<ul style="list-style-type: none"> <li>Follows one-step directions during play (e.g., <i>Give it to Daddy.</i>)</li> <li>Understands 'no'</li> </ul>	<ul style="list-style-type: none"> <li>Uses or imitates single words (e.g., <i>mama, more, no, bye</i>)</li> <li>Joins in song by vocalizing along with the song or completing the final word in line</li> </ul>	<ul style="list-style-type: none"> <li>Enjoys listening to simple stories and songs for up to two minutes</li> <li>Names or makes sounds for some familiar pictures (e.g., sees a dog and says <i>Doggy</i> or <i>Woof woof</i>)</li> </ul>
<b>DISCUSSION WITH CAREGIVER</b>	<ul style="list-style-type: none"> <li>Discuss with the caregiver the goals and strategies practiced during the session, and how they will carryover at home.</li> </ul>			

Attendees: .....

Date: .....

ACTIVITY	DESCRIPTION
<b>LING SIX SOUND TEST</b>	Caregiver reports their child's response to the Ling Six Sound Test or completes with the therapist in a quiet space.
<b>WELCOME</b>	Hello song and greetings.
<b>CAREGIVER EDUCATION</b>	Therapist to discuss the importance and benefits of adding songs to daily routines and play. Encourage caregivers to share the songs and rhymes they use throughout their day. Provide an opportunity for families to sing and share their favorites and learn from others.
<b>SNACK TIME</b>	Therapist to discuss and demonstrate, then guide and coach caregivers to practice the following strategies in real snack time routine with their child or in pretend play with their child and a doll. <ul style="list-style-type: none"> <li>• LISTENING FIRST</li> <li>• TALK, TALK, TALK</li> </ul>
<b>BATH TIME</b>	Therapist to discuss and demonstrate, then guide and coach caregivers to practice the following strategies in a bath time play routine with dolls. <ul style="list-style-type: none"> <li>• ACOUSTIC HIGHLIGHTING</li> <li>• TALK, TALK, TALK</li> </ul>
<b>BEDTIME</b>	Therapist to discuss and demonstrate, then guide and coach caregivers to practice the following strategies in a bedtime play routine with dolls. <ul style="list-style-type: none"> <li>• AUDITORY HOOKS</li> <li>• AUDITORY CLOSURE</li> </ul>
<b>"FIVE LITTLE MONKEYS"<sup>19</sup> SONGBOOK &amp; PUPPETS</b>	Therapist to read/sing the story while caregivers sing along. Therapist to explain and demonstrate AUDITORY CLOSURE with this song.
<b>QUESTIONS &amp; DISCUSSION</b>	Allow time for group questions, discussion, and problem-solving, as well as for families to chat.

## ACTIVITY

## 1. Snack Time

## RESOURCES

- Doll, small animals, action figure, or soft toy such as a teddy bear
- Plastic bowl, spoon, cup, pretend food, water, and a jug
- Alternatively, coach the caregiver during the child's real snack time routine instead
- Or use the 'Snack Time for Bear' resource (page 15). However, it is recommend to use real objects and toys wherever possible.

## PROPOSED GOALS



- Caregiver practices LISTENING FIRST and TALK, TALK, TALK



- Demonstrates understanding of frequently heard words (e.g., *Bye-bye, Mama*) by performing an action or looking towards a person/object



- Vocalizes for wants
- Imitates suprasegmental patterns of Play Sounds\* (duration, intensity, and pitch)



- Imitates actions (e.g., wave, drink, eat)

## INSTRUCTIONS

1. Explain the strategy of LISTENING FIRST to the caregiver: Tell the child it's snack time for the doll and animals. Ask the caregiver to greet the doll before they wave. *Let's play with the doll. Hi, Dolly! Hello!* (then wave). Encourage the caregiver to use LISTENING FIRST when taking out each of the other animals. *Here's the cat, meow. Hi, cat!* (then wave).
2. Add a SONG, such as a *Hello* or *What's your name?* type of song to this greeting routine. Talk with the caregiver about the importance of SONGS. You may like to use the same song every time you use greetings throughout the session and for the family throughout their day. This will provide meaningful repetition of key words and allow the caregiver to emphasize this routine.  
*I wonder what your name is,  
We would like to know.  
Your name is ... (Dolly)  
Hello, hello, hello.*
3. Model the strategy of TALK, TALK, TALK to the caregiver, then guide and coach the caregiver to practice this strategy. Encourage talk about the doll and animals, the mealtime toys (e.g., bowl, spoon, cup), what the child and caregiver are doing, and what the child is interested in.  
*It's snack time. I think your doll is hungry. We need to give her something to eat. Let's have the doll sit down, so she can have something to eat. Mmmm yum!*
4. Guide and coach the caregiver to use repetition of key words and Play Sounds (e.g., *Mmmm yum!, Around and around!, Uh-oh!, Meeow*) while playing.  
*Doll wants more food, mmmm yum! Stir the food, around and around. Uh-oh! The water spilled. Let's wipe it up.*

5. Encourage the child's imitation of Play Sounds by using them in repetition in play and pausing and looking expectantly at the child to encourage imitation. Guide and coach the caregiver to do this during play. At first, the child may imitate just the duration, intensity, or pitch of the Play Sound. Listen closely to the child's vocalizations.
6. Guide and coach the caregiver to use LISTENING FIRST to put the toys away. Say *Bye doll* (then wave). Say *Bye cups*, then pause and look expectantly at the child to encourage them to wave.

\*Examples of Play Sounds can be found on page 34 - 35.

## ACTIVITY

## 1. Snack Time

## RESOURCES

- Doll and animal toys
- Plastic bowl, spoon, cup, pretend food, water, and a jug
- Alternatively, coach the caregiver during the child's real snack time routine instead
- Or use the 'Snack Time for Bear' resource (page 15). However, it is recommend to use real objects and toys wherever possible.

## PROPOSED GOALS



- Caregiver practices LISTENING FIRST and TALK, TALK, TALK



- Identifies one to two unit(s) of information by choosing a toy or performing an action



- Uses Play Sounds in imitation or spontaneously\*



- Uses pretend play directed towards other objects or people (e.g., pretends to feed a stuffed animal)

## INSTRUCTIONS

1. Explain the strategy of LISTENING FIRST to the caregiver: Tell the child it's snack time for the doll and animals. Ask the caregiver to greet the doll before they wave. *Let's play with the doll. Hi, Dolly! Hello!* (then wave). Encourage the caregiver to use LISTENING FIRST when taking out each of the other animals. *Here's the cat, meow. Hi, cat!* (then wave).
2. Add a SONG, such as a *Hello* or *What's your name?* type of song to this greeting routine. Talk with the caregiver about the importance of SONGS. You may like to use the same song every time you use greetings throughout the session and for the family throughout their day. This will provide meaningful repetition of key words and allow the caregiver to emphasize this routine.  
*I wonder what your name is,  
We would like to know.  
Your name is ... (Dolly)  
Hello, hello, hello.*
3. Model the strategy of TALK, TALK, TALK to the caregiver, then guide and coach the caregiver to practice this strategy. Encourage talk about the doll and animals, the mealtime toys (e.g., bowl, spoon, cup), what the child and caregiver are doing, and what the child is interested in.  
*It's snack time. I think your doll is hungry. We need to give her something to eat. Let's have the doll sit down, so she can have something to eat. Mmmm yum!*
4. Guide and coach the caregiver to use repetition of key words and Play Sounds (e.g., *Mmmm yum!, Around and around!, Uh-oh!, Meeow*) while playing.  
*Doll wants more food, mmmm yum! Stir the food, around and around. Uh-oh! The water spilled. Let's wipe it up.*

5. Model pretend play to the child. Pretend to feed the doll, stir the food with the spoon, or drink from the cup.
6. Give the child instructions such as *The cat is hungry. Let's give some food to the cat.* Pause and look expectantly at the child to demonstrate their understanding by choosing a toy or performing an action. The child may need repetition or longer processing time to respond. If the child is unsure, show them by carrying out the instruction. Remember not to 'test' the child's understanding of key words like this repeatedly but focus on teaching the words and concepts through play, repetition, and ACOUSTIC HIGHLIGHTING. Hand over to the caregiver to practice.
7. Encourage the child's imitation of Play Sounds and key words by using them in repetition in play and pausing and looking expectantly at the child to encourage vocalization or imitation.
8. Guide and coach the caregiver to use LISTENING FIRST to put the toys away. Say, *Bye doll* then wave and put the doll away. Say, *Bye cat*, then pause and look expectantly at the child to demonstrate their understanding by waving, imitating *bye*, or finding the animal.

\*Examples of Play Sounds can be found on page 34 - 35.

## 1. Snack Time for Bear

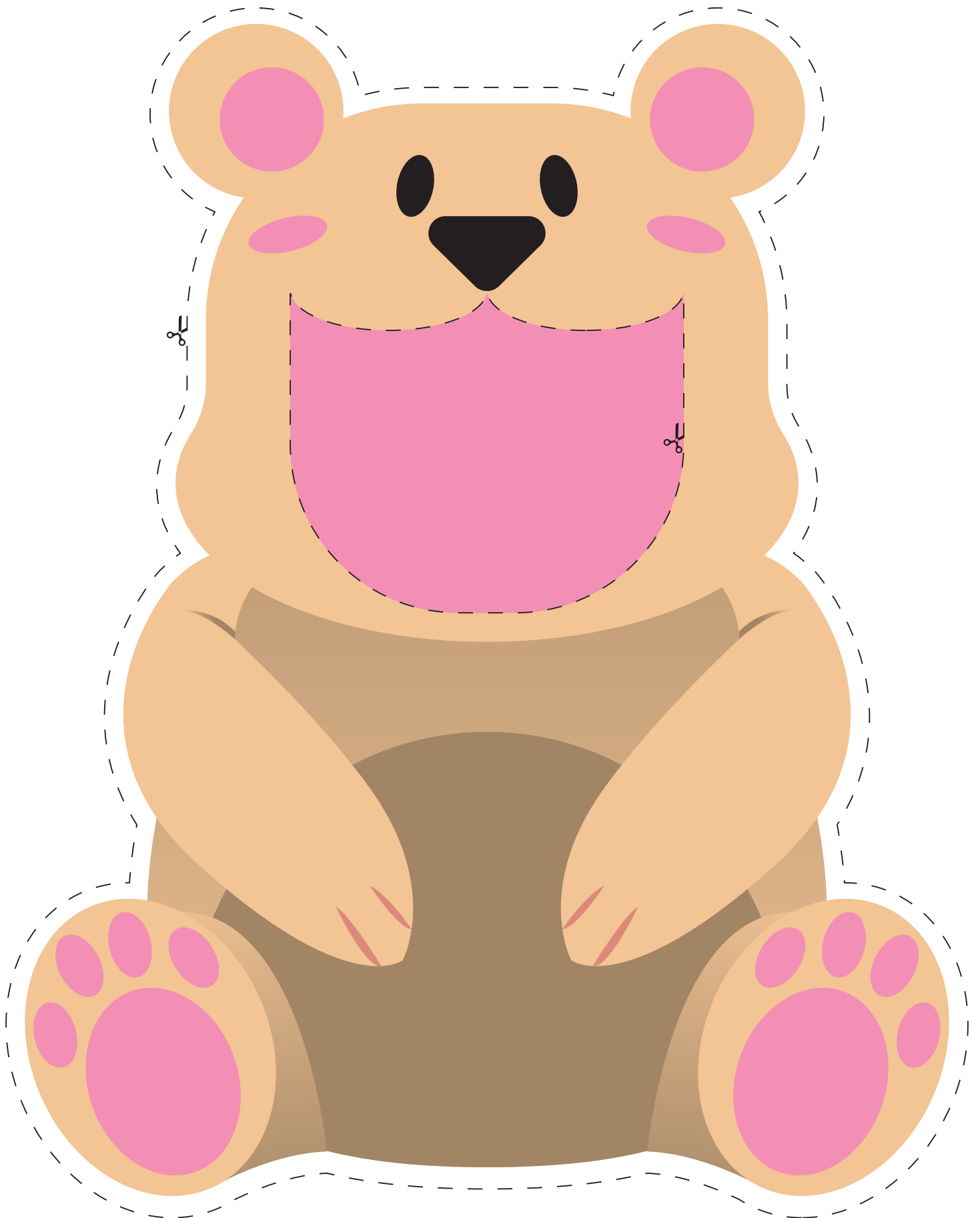
### RESOURCES

You may also use the following bear (page 15) and food pictures (page 16) to complete the Snack Time activity in a similar manner. It is recommended, however, to use real objects and toys wherever possible when teaching young children.

Cut out the bear and paste the image to an empty cereal box. Cut a hole for the bear's mouth so that you can 'feed' the bear. Cut out the food images or use pretend food.



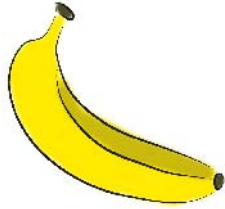
# 1. Snack Time for Bear



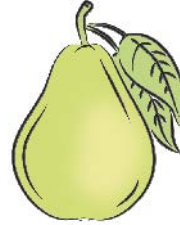
# 1. Snack Time for Bear - Food



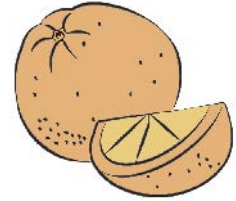
apple



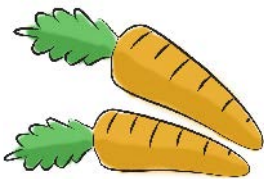
banana



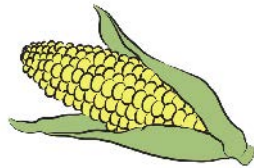
pear



orange



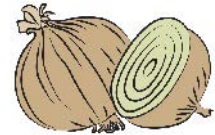
carrots



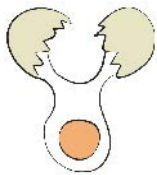
corn



beans



onions



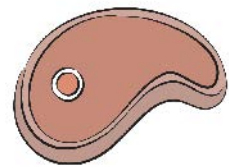
egg



fish



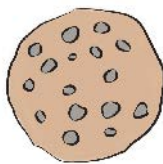
chicken



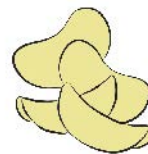
beef



popcorn



cookie



chip



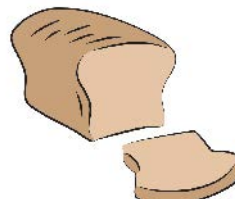
nuts



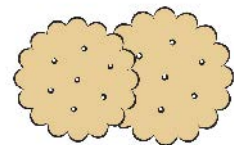
noodles



rice



bread



crackers

## ACTIVITY

## 2. Bath Time

## RESOURCES

- Small plastic animal toys (choose animals whose Play Sounds differ in duration, intensity, and pitch)
- Plastic container (to act as a bath)
- Water
- Sponge
- Cloth or towel

## PROPOSED GOALS



- Caregiver practices ACOUSTIC HIGHLIGHTING and TALK, TALK, TALK



- Discriminates Play Sounds that differ in duration, intensity, and pitch by choosing a toy or performing an action



- Imitates suprasegmental patterns of Play Sounds and/or single words



- Demonstrates joint attention by looking back and forth between object and caregiver

## INSTRUCTIONS

1. Support the caregiver to keep the child's hearing device(s) on as much as possible (EYES OPEN, EARS ON). Use a retention clip to prevent the hearing device(s) from dropping in the water.
2. Begin by pouring some water into the container. Demonstrate the use of ACOUSTIC HIGHLIGHTING by emphasizing key words and Play Sounds. *Pouuur, pour the water in. Splash, Splash, Splash.* Pour a small amount to demonstrate, then hand over to the caregiver to practice.
3. Guide and coach the caregiver to use ACOUSTIC HIGHLIGHTING and TALK, TALK, TALK. Encourage talk about what the caregiver and the child are doing, thinking, or interested in. Talk about the concepts of 'warm', 'cold', 'wet', and 'dry' while splashing in the water.
4. Guide the caregiver to TALK, TALK, TALK about the animal toys you will put in the bath. Use repetition of Play Sounds and key words as you bathe the toys.  
*Let's put the little duck in the bath. Quack, quack. Put the duck in. Splash. Let's use the sponge to wash the duck's head. Wash, wash.*  
Introduce the animals one at a time to allow for repetition.
5. Guide and coach the caregiver to use AUDITORY HOOKS such as *Uh-oh!* or *All gone!* where appropriate to capture or maintain the child's attention and add language to such instances.

6. Guide and coach the caregiver to give the child instructions such as *The dog, woof woof, is finished in the bath. Let's take the dog out.* Pause and look expectantly at the child to demonstrate their understanding by choosing the associated toy or performing. If the child is unsure, show them by carrying out the instruction. Remember not to 'test' the child's understanding of keywords like this repeatedly but focus on teaching the child Play Sounds, words, and concepts through play, repetition, and ACOUSTIC HIGHLIGHTING.
7. Once the animals have finished the bath, guide and coach the caregiver to TALK, TALK, TALK about drying the toys. Talk about the concepts of 'wet' and 'dry' and label the animals as you dry them.  
*Here's the dog. Woof, woof. The dog is all clean. Let's take it out of the bath. Uh-oh! It's all wet! We need to dry the dog. Dry, dry. Dry the dog's legs.*

## ACTIVITY

## 2. Bath Time

## RESOURCES

- Small plastic animal toys (choose animals whose Play Sounds differ in duration, intensity, and pitch)
- Plastic container (to act as a bath)
- Water
- Sponge
- Cloth or towel

## PROPOSED GOALS



- Caregiver practices ACOUSTIC HIGHLIGHTING and EXPANSION & EXTENSION



- Identifies one unit of information by choosing a toy or performing an action



- Uses Play Sounds in imitation or spontaneously
- Asks for 'more'



- Uses familiar objects in appropriate ways (e.g., dries animals with a towel)

## INSTRUCTIONS

1. Support the caregiver to keep the child's hearing device(s) on as much as possible (EYES OPEN, EARS ON). Use a retention clip to prevent the hearing device(s) from dropping in the water.
2. Begin by pouring some water into the container. Demonstrate the use of ACOUSTIC HIGHLIGHTING by emphasizing key words and Play Sounds. *Pouuur, pour the water in. Splash, Splash, Splash. Do you want more? More?* Pause and wait for the child to ask for 'more'. Pour a small amount to demonstrate, then hand over to the caregiver to practice.
3. Guide the caregiver to talk about the animal toys you will put in the bath. Use repetition of key words as you show the child the toys. Guide and coach the caregiver to give the child instructions such as *"Find the duck. The duck will go in the bath. Where's the duck?"*  
Wash the animals one at a time to allow for repetition.
4. Guide and coach the caregiver to use ACOUSTIC HIGHLIGHTING and EXPANSION & EXTENSION of the child's vocalizations. Encourage talk about what the caregiver and the child are doing, thinking, or interested in. Talk about the concepts of 'warm', 'cold', 'wet', and 'dry' while splashing in the water. Guide and coach the caregiver to encourage the child's use of Play Sounds and key words, by using them in repetition in play and pausing and looking expectantly at the child to encourage vocalization or imitation.

5. Guide and coach the caregiver to give the child instructions such as *The dog, woof woof, is finished in the bath. Let's take the dog out.* Pause and look expectantly at the child to demonstrate their understanding by choosing the associated toy. If the child is unsure, show them by carrying out the instruction. Remember not to 'test' the child's understanding of key words like this repeatedly but focus on teaching the child Play Sounds, words, and concepts through play, repetition, and ACOUSTIC HIGHLIGHTING.
6. Once the animals have finished the bath, guide and coach the caregiver to talk about and use EXPANSION & EXTENSION when drying the toys. Talk about the concepts of 'wet' and 'dry' and label the animals as you dry them.  
*Here's the dog. Woof, woof. The dog is all clean. Let's take it out of the bath. Uh-oh! It's all wet! We need to dry the dog. Dry, dry. Dry the dog's legs.*

## ACTIVITY

## 3. Bedtime

## RESOURCES

- Doll, action figure, or soft toy such as a teddy bear
- Small blanket, tea towel, or cloth

## PROPOSED GOALS



- Caregiver practices AUDITORY HOOKS



- Shows awareness of softer sounds



- Imitates intensity cues (loudness)



- Demonstrates anticipation of familiar play activities (e.g., peek-a-boo)

## INSTRUCTIONS

1. Demonstrate, then guide and coach the caregiver to TALK, TALK, TALK about the doll, bedtime, and their actions throughout the bedtime play routine of putting a toy into bed. Encourage repetition of key words (e.g., *Goodnight, Dolly*) and Play Sounds (e.g., *Shhhh*) *Goodnight, Dolly. It's time to go to sleep. You must be tired. Lie down, let's put your blanket over you. Shhhh, shhhh. Goodnight. Time to go to sleep. Shhhh.*
2. Ask the caregiver about a SONG or RHYME that they might typically use during their child's bedtime routine, such as "Twinkle, twinkle, little star"<sup>10</sup> or "Rock-a-bye Baby"<sup>11</sup>. Sing the song during this play sequence. Add swaying, rocking, hand motions, or actions that go along with the song. Depending on the child's age, encourage them to join in.
3. Model a quiet *Shhhh* with the associated gesture while the doll 'sleeps' and then pause. After some time, use an AUDITORY HOOK – a loud *Wake-up!* And then make the doll jump up. Guide and coach the caregiver to take a turn using the AUDITORY HOOK.
4. Depending on the age of the child, they may become familiar with this play routine and begin to take part. Guide and coach the caregiver to facilitate this by pausing and looking expectantly at the child after the doll has gone to 'sleep' to encourage them to use a loud sound for *Wake up!* (WAIT, WAIT & WAIT SOME MORE). They may also begin to participate in this play routine by imitating gestures or words for *Shhhh* and *Wake Up!*
5. To extend this play routine, you or the caregiver may take turns to 'fall asleep' and 'wake up'. *It's Daddy's turn to fall asleep. He is tired. Go to sleep. Goodnight, Daddy. Shhhh, shhhh, Daddy is asleep. Shhhh. Wake up, Daddy!*

## ACTIVITY

## 3. Bedtime

## RESOURCES

- Doll, action figure, or soft toy such as a teddy bear
- Small blanket, tea towel, or cloth

## PROPOSED GOALS



- Caregiver practices AUDITORY HOOKS and AUDITORY CLOSURE



- Begins to perform simple actions to routine, familiar words or phrases (e.g., gestures quiet in response to *Shhhh, it's bedtime*)



- Imitates play sounds or single words



- Uses symbolic play in which one object is used to represent another object

## INSTRUCTIONS

1. Demonstrate, then guide and coach the caregiver to TALK, TALK, TALK about the doll, thoughts, feelings, and physical states, bedtime, and their actions throughout the bedtime play routine of putting a toy into bed. Encourage repetition of key words (e.g., *Goodnight, Dolly*) and Play Sounds (e.g., *Shhhh*) *Goodnight, Dolly. It's time to go to sleep. You must be tired. Lie down, let's put your blanket over you. Shhhh, shhhh. Goodnight. Time to go to sleep. Shhhh.*
2. Ask the caregiver about a SONG or RHYME that they might typically use during their child's bedtime routine, such as "Twinkle, twinkle, little star"<sup>10</sup>, or "Rock-a-bye Baby"<sup>11</sup>. Sing the song during this play sequence. Add swaying, hand motions, or actions that go along with the song. Encourage the child to join in.
3. If it's a familiar song to the child, model to the caregiver AUDITORY CLOSURE to encourage the child to join in with vocalizing the song. Stop and pause before a key word in the song. Look expectantly at the child for their vocalization. If the child doesn't vocalize after a long pause, have the caregiver fill in the gap. Hand over to the caregiver to practice AUDITORY CLOSURE during the next song.
4. Model a quiet *Shhhh it's bedtime. Dolly has to go to sleep, shhhh* while the doll 'sleeps' and then pause. After some time, use an AUDITORY HOOK - a loud *Wake up!* and then make the doll jump up. Guide and coach the caregiver to take a turn using this AUDITORY HOOK after putting the doll to sleep again.
5. Guide and coach the caregiver to facilitate the child's vocalization for *Wake up!* by pausing and looking expectantly at the child after the doll has gone to 'sleep' (WAIT, WAIT & WAIT SOME MORE). They may also begin to participate in this play routine by imitating gestures or words for *Shhhh* and *Wake Up!*
6. To extend this play routine, you or the caregiver may take turns to 'fall asleep' and 'wake up'. *It's Daddy's turn to fall asleep. He is tired. Go to sleep. Goodnight, Daddy. Shhhh, shhhh, Daddy is asleep. Shhhh. Wake up, Daddy!*



## ACTIVITY

# 4. "Five Little Monkeys"<sup>9</sup>

## Songbook & Puppets

## RESOURCES

- Print storybook (pages 25 - 30) cut along the dotted lines, and glue to make a booklet.
- Print puppet pictures (pages 31 - 32) onto lightweight card. Cut out the puppets and five extra strips of card. With the extra strips of card create rings and stick one to the back of each puppet so the puppets can be slipped onto a finger.

## PROPOSED GOALS



- Caregiver practices SONGS



- Responds to the rhythm and melody of a song by moving body to singing



- Imitates intonation, duration, or intensity cues
- Uses Play Sounds in imitation or spontaneously



- Imitates actions matching the song
- Attends to the activity of adult reading or describing pictures in a book for a short period of time

## INSTRUCTIONS

1. Explain the importance of SONGS to the caregiver.
2. Demonstrate singing the first verse of the song while looking together at the song sequence in the storybook. Then, hand over the storybook to the caregiver for them to sing the rest while looking at the storybook together with their child.
3. Share the puppets between all participants in the lesson. Talk about the monkeys and use the Play Sound. Sing the first line of the song and encourage all the monkeys to jump.
4. Sing, *One fell off*, choose a monkey, remove it, and make it fall on its head. Add Play Sounds (e.g., *Uh-oh!*).
5. Sing, *Mama called up the doctor* and have the Mama puppet bob up and down. Encourage the Doctor puppet to bob up and down while you sing the Doctor's line. Add gestures to go along with the song.
6. Guide and coach the caregiver to repeat each verse.

## ACTIVITY

# 4. "Five Little Monkeys"<sup>9</sup>

## Songbook & Puppets

## RESOURCES

- Print storybook (pages 25 – 30) cut along the dotted lines, and glue to make a booklet.
- Print puppet pictures (pages 30 - 32) onto lightweight card. Cut out the puppets and 5 extra strips of card. With the extra strips of card create rings and stick one to the back of each puppet so the puppets can be slipped onto a finger.

## PROPOSED GOALS



- Caregiver practices SONGS and AUDITORY CLOSURE



- Follows one-step directions during play (e.g., *Give it to Daddy*)
- Understands 'no'



- Uses or imitates single words (e.g., *Mama, No, Bye*)
- Joins in song by vocalizing along or completing the final word in line



- Enjoys listening to simple stories and songs for up to two minutes
- Names or makes sounds for some familiar pictures (e.g., sees a dog and says, *Doggy* or *Woof woof*)

## INSTRUCTIONS

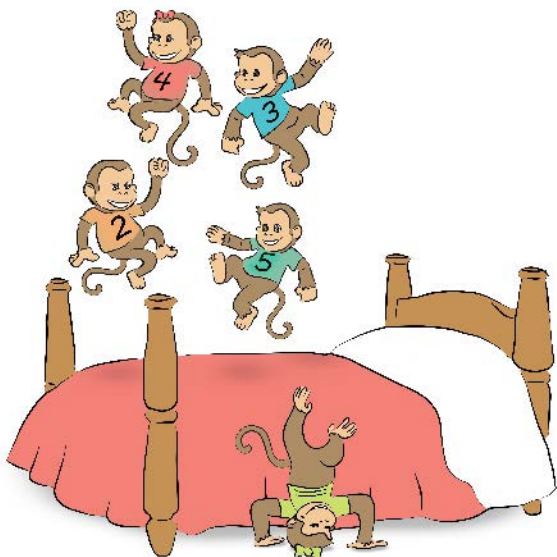
1. Explain the importance of SONGS to the caregiver.
2. Demonstrate singing the first verse of the song while looking together at the song sequence in the storybook. Then, hand over the storybook to the caregiver for them to sing the rest while looking at the storybook together with their child.
3. Talk about the pictures in the story; highlight action and emotion words.
4. Share the puppets between all participants in the lesson. Sing the first line of the song and encourage all the monkeys to jump.
5. Sing, *One fell off*, choose a monkey, remove it, and make it fall on its head. Add Play Sounds (e.g., *Uh-oh!*)
6. Sing, *Mama called up the doctor* and have the Mama puppet bob up and down. Have the Doctor puppet bob up and down while you sing the Doctor's line. Add gestures to go along with the song.
7. Guide and coach the caregiver to repeat each verse.
8. Introduce the strategy of AUDITORY CLOSURE with songs. Sing the song again and pause after *and the Doctor said*, and look expectantly at the child for them to vocalize for 'no'.

# 4. Five Little Monkeys Songbook



5 little monkeys  
jumping on the bed,

The End



I fell off

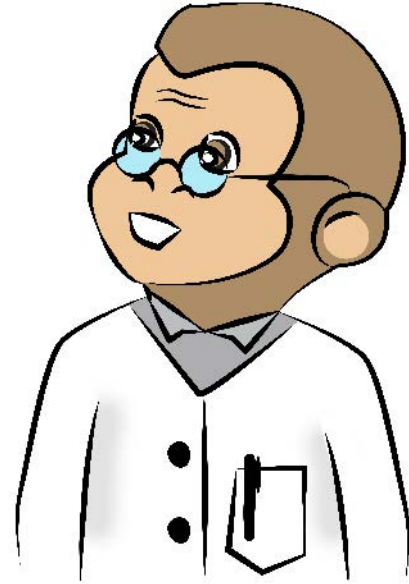


and bumped her head.

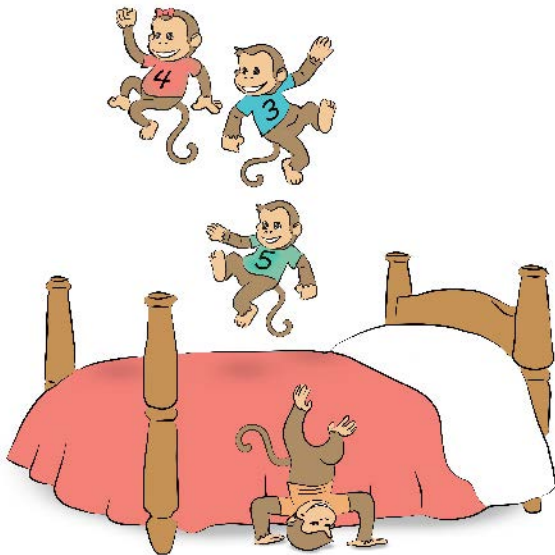
# 4. Five Little Monkeys Songbook



Mama called up the Doctor



and the Doctor said, "No more monkeys jumping on the bed."



4 little monkeys jumping on the bed. I fell off

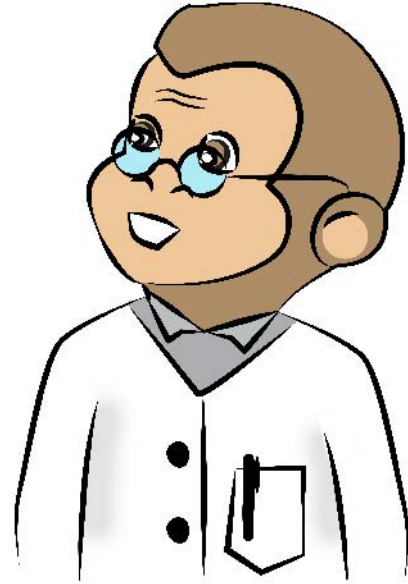


and bumped his head.

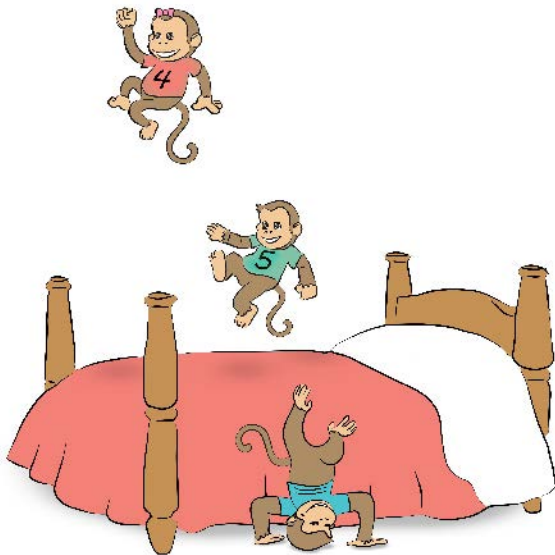
# 4. Five Little Monkeys Songbook



Mama called up the Doctor



and the Doctor said, "No more monkeys jumping on the bed."



3 little monkeys jumping on the bed. I fell off

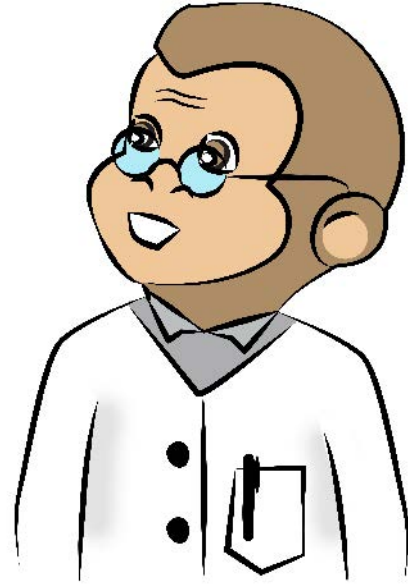


and bumped his head.

# 4. Five Little Monkeys Songbook



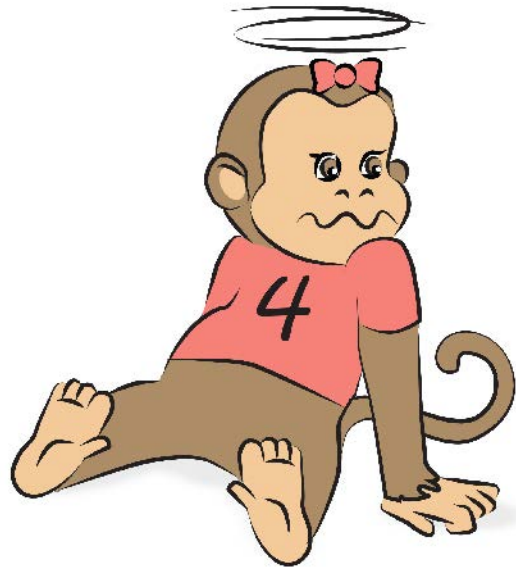
Mama called up the Doctor



and the Doctor said, "No more monkeys jumping on the bed."



2 little monkeys jumping on the bed. I fell off

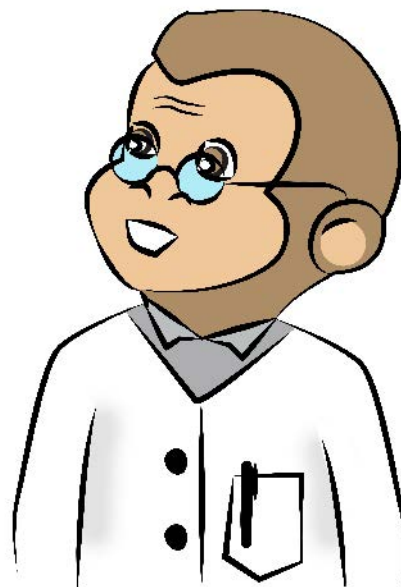


and bumped her head.

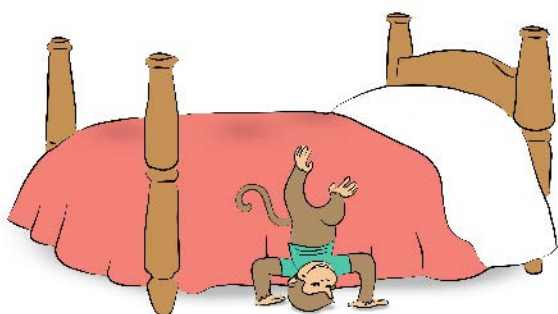
# 4. Five Little Monkeys Songbook



Mama called up the Doctor



and the Doctor said, "No more monkeys jumping on the bed."



1 little monkey jumping on the bed. He fell off

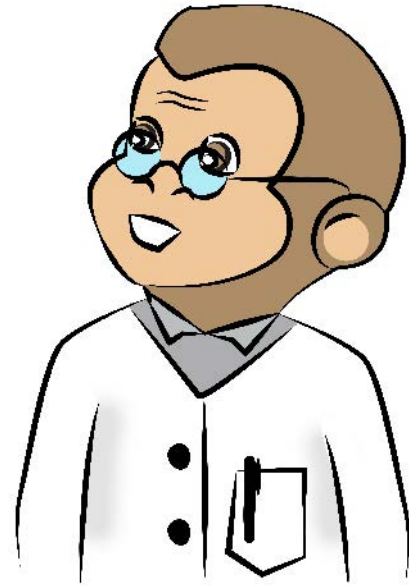


and bumped his head.

# 4. Five Little Monkeys Songbook



Mama called up the Doctor

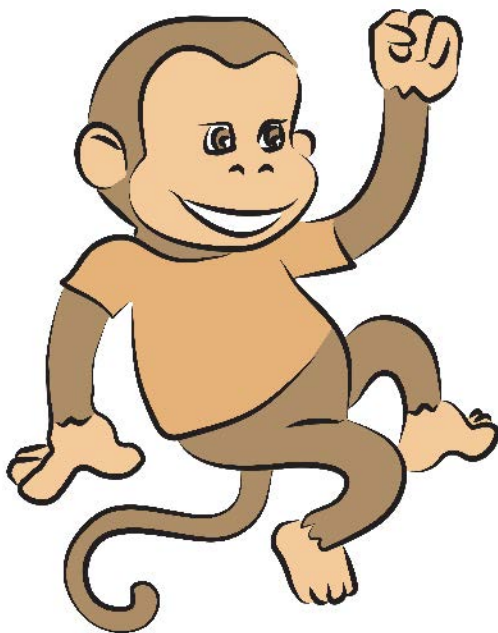
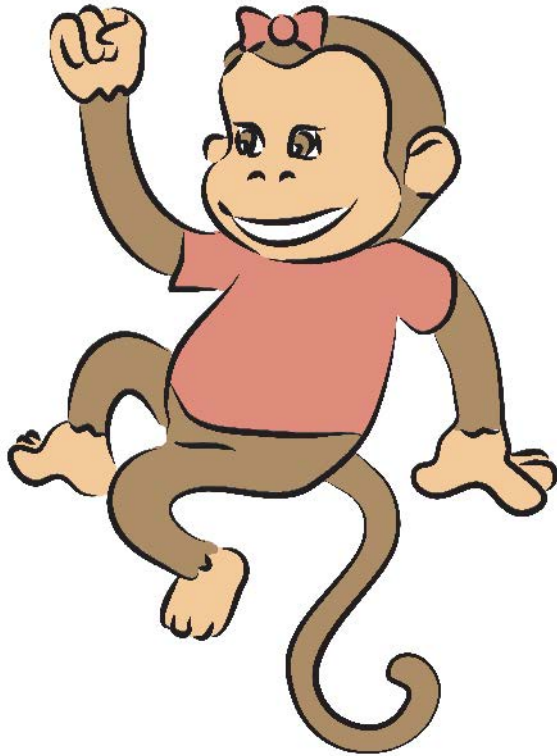


and the Doctor said, "No more monkeys jumping on the bed."

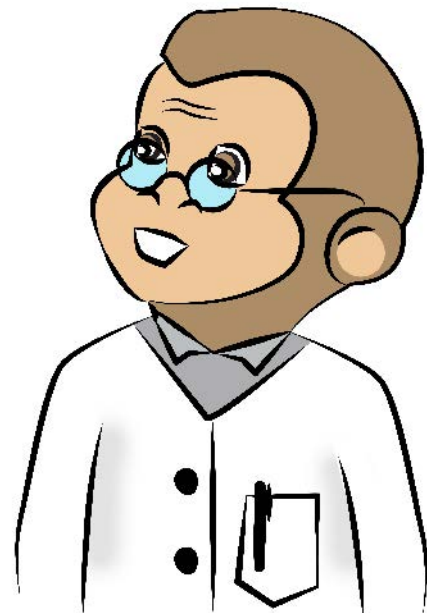




# 4. Five Little Monkeys Song Puppets



## 4. Five Little Monkeys Song Puppets



# Group Lesson

The Group Lesson Plan along with the activities and Therapist Notes shared above may be used to provide group intervention. Group intervention for this age group focuses on caregiver education, guidance, and coaching.

## REMEMBER TO:

- Set and monitor audition and communication goals for each child with the family. Set aside time with each family regularly to discuss the child's progress and monitor their goals. *A Child's Journey Developmental Milestones (Birth – 6 Years)*<sup>5</sup> may be used as a guide for goal selection.
- Monitor each child's access to sounds with the Ling Six Sound Test. The test will need to be performed individually in a quiet space with each family and child.
- Monitor each child's device use. Support the family through collaborative problem-solving and goal setting to increase device use as required.

Research has highlighted the importance of caregivers making connections with other families of children with hearing loss. Caregivers report that making these connections facilitates their coping and that other caregivers offered the kinds of support that best matched their emotional and practical needs.<sup>7</sup> Specifically, caregivers felt it was important to connect with others who had firsthand experience in raising a child with hearing loss. Caregivers appreciated opportunities to share practical information, knowledge, and resources; to collaboratively think through concerns and face challenges, and to discuss potential solutions and ideas. In addition, the social group contributed to caregivers' sense of belonging and helped to normalize the experience of parenting a child with hearing loss.

## IN GROUP LESSONS, CONSIDER:

- Seating: circle seating on a mat on the floor allows group interaction. Ensure this is accessible for all participants in the session.
- Timing: you may need to allocate more time for families to join the session and settle in, especially with their small child (compared to individual sessions) and opportunities for families to talk and socialize.
- Encourage group discussion, sharing, and problem-solving throughout your sessions to harness the benefits of peer caregiver support.

# Play Sounds

## WHAT ARE PLAY SOUNDS?

A Play Sound is a word or short phrase which carries a high amount of acoustic energy and interest. Many Play Sounds are naturally used all around the world by parents and caregivers when talking with very young children. This is because beginning listeners find these sounds attractive to listen to, easy to remember, and simple to attach meaning to.

## WHY USE PLAY SOUNDS?

Play Sounds are used to gain the attention of the child through the hearing sense and can help begin to build auditory pathways in the brain. Children who receive hearing technology may be in the early stages of building their listening skills and may benefit from being exposed to this first step in listening. In addition, learning how to say Play Sounds is an easy way to start to practice all the different sounds required to speak clearly.

## HOW TO USE PLAY SOUNDS?

Use Play Sounds to build an association between a sound and an object or action. Play Sounds are fun to use. Just follow these general rules:

1. Say the Play Sound just before showing the object or doing the action.
2. Repeat Play Sounds frequently in different natural contexts.
3. Pair the Play Sound with real words to build comprehension skills (e.g., *Beep beep! Here comes a car!*).
4. Make your voice interesting to listen to by adding intonation variations.

## SELECTING PLAY SOUNDS IN LANGUAGES OTHER THAN ENGLISH?

On the next page, you will see a list of examples of Play Sounds in English. The allocation of Play Sounds is intended to give the child maximal auditory contrasts. Play Sounds differ in duration, intensity, and pitch to make discriminating these sounds easy. Consideration is also given to targeting a variety of vowels and consonants to facilitate speech production skills. It is not necessary to use the examples, but it is important to choose carefully and be consistent to help children attach meaning to the new sounds they are hearing. When selecting new Play Sounds in English or allocating Play Sounds in languages other than English, consider the acoustic properties of the sounds.

PLAY SOUNDS	WHEN AND HOW TO USE IT
Up up up	Picking up the child
Uh-oh	When a mistake has been made (such as dropping something)
Ow	When someone is hurt
Look	Showing something, pointing to something
Oh no	When something goes wrong (e.g., spilling milk)
Yay	When something is achieved (e.g., putting a piece in a puzzle)
Wow	Something unexpected or exciting happens (e.g., a big tractor goes by)
Go	Letting something go (e.g., car down a slope)
Ready, steady... Go!	Hold your child at the top of a slide, then let go
Oooh yuck	Mess
No no no	Telling off animals, dolls, etc.

**ROUTINES AT HOME**

Shh, go to bed	Going to bed, playing with dolls or teddies
Have a bath	Going for a bath, playing with dolls or teddies
Wake up	Playing with dolls or teddies
Where's Daddy?	Before Daddy comes home from work
Knock knock	Before opening a door
Open	Opening doors, jars, boxes, etc.
Mmmm yum	Food, feeding pets
Hi, hello	Greeting someone
Bye	When someone leaves

**ACTIVITIES**

Jump jump	Jumping from the bottom step to the floor
Hop hop hop	Hopping on one foot
Walk walk	Walking down the path
Sit down	Every time you sit together
Cut cut cut	Cutting fruit with a knife or paper with scissors
Pour	Pouring milk or juice into a cup

**ANIMAL AND VEHICLE SOUNDS:**

Aaah	Aeroplane
Brmm brmm	Trucks, cars
Beep beep	Cars
Wee oo wee oo	Ambulances
Woof woof	Dog
Mooo	Cow
Meeow	Cat
Stomp stomp stomp	Elephant
Ssss	Snake
Oo oo ee ee	Monkey

## References

1. MED-EL (2017). *MED-EL Lesson Kits*. Innsbruck, Austria: MED-EL Medical Electronics.  
<https://blog.medel.pro/?s=rehabilitation+lesson+kit>
2. MED-EL (2020). *MED-EL Remote Lesson Kits*. Innsbruck, Austria: MED-EL Medical Electronics.  
<https://blog.medel.pro/?s=remote+lesson+kit>
3. MED-EL (2021) *MED-EL Ready, Steady, Go! For Professionals*. Innsbruck, Austria: MED-EL Medical Electronics.  
<https://blog.medel.pro/when-should-paediatric-cochlear-implant-rehabilitation-begin/>
4. MED-EL (2018). *MED-EL Rehab at Home*. Innsbruck, Austria: MED-EL Medical Electronics.  
<https://www.youtube.com/playlist?app=desktop&list=PLT--N4wea5CjP5n8Ydt1silCYZU740ap>
5. Therres, M., & Steyns, I. (2017). *A Child's Journey Developmental Milestones (Birth – 6 Years)*. Innsbruck, Austria: MED-EL Medical Electronics. Contact your MED-EL representative to obtain a hard copy or download the app (tablets only).
6. Moeller, M. P. (2000). Early intervention and language development in children who are deaf and hard of hearing. *Pediatrics*, 106(3), e43-e43. <https://doi.org/10.1542/peds.106.3.e43>
7. Zaidman-Zait, A. (2007). Parenting a Child With a Cochlear Implant: A Critical Incident Study. *Journal of Deaf Studies and Deaf Education*, 12(2). <https://doi:10.1093/deafed/enl032>
8. Luterman, D. (2004). Counseling families of children with hearing loss and special needs. *The Volta Review*, 04(4), 215.  
<https://doi.org/10.1002/mrdd.10085>
9. Christelow, E. (1989). *Five Little Monkeys Jumping On The Bed*. New York: Clarion Books.
10. Briggs, W. A. (1880) *Twinkle Twinkle Little Star*. White, Smith & Perry, Boston, monographic. [Notated Music] Retrieved from the Library of Congress. <https://www.loc.gov/item/sm1880.00763/>.
11. Opie, I. & Opie, P. (Eds.) (1997). *The Oxford Dictionary of Nursery Rhymes (2nd ed.)*. Oxford: Oxford University Press. p. 70. ISBN 978-0-19-860088-6.

# NOTES

A series of horizontal dotted lines for writing notes.

## MED-EL Offices Worldwide

### AMERICAS

#### Argentina

medel@medel.com.ar

#### Canada

officecanada@medel.com

#### Colombia

office-colombia@medel.com

#### Mexico

office-mexico@medel.com

#### United States

implants@medelus.com

### ASIA PACIFIC

#### Australia

office@medel.com.au

#### China

office@medel.net.cn

#### Hong Kong

office@hk.medel.com

#### India

implants@medel.in

#### Indonesia

office@id.medel.com

#### Japan

office-japan@medel.com

#### Malaysia

office@my.medel.com

#### Philippines

office@ph.medel.com

#### Singapore

office@sg.medel.com

#### South Korea

office@kr.medel.com

#### Thailand

office@th.medel.com

#### Vietnam

office@vn.medel.com

### EMEA

#### Austria

office@at.medel.com

#### Belgium

office@be.medel.com

#### Finland

office@fi.medel.com

#### France

office@fr.medel.com

#### Germany

office@medel.de

#### Italy

ufficio.italia@medel.com

#### Portugal

office@pt.medel.com

#### Spain

office@es.medel.com

#### South Africa

customerserviceZA@medel.com

#### United Arab Emirates

office@ae.medel.com

#### United Kingdom

customerservices@medel.co.uk

M00709 1.0