Do you notice a combination of these characteristics?

My child doesn’t seem to:

• Respond like other children with typical vision and hearing
• Make eye contact with me or other adults
• Respond to environmental sounds the way I would expect, such as the sound of my voice
• Notice a toy placed in front of them
• Notice the family pet from across the room
• Enjoy music
• Orient when their name is called
• Visually follow people across the room
• Be able to tell what direction sounds are coming from

Mythbusters regarding combined vision and hearing loss

Myth: Children with combined vision and hearing loss cannot see or hear anything.

Fact: Most children with combined vision and hearing loss have some degree of both vision and hearing. In fact, a child could have a mild impact to their vision and hearing and still be considered to have a dual sensory impairment.

Myth: All children with combined vision and hearing loss communicate the same way.

Fact: Communication and learning modes will vary from child to child.

Myth: If we identify a child as having combined vision and hearing loss, the team will become too large and expensive.

Fact: Early Intervention services in VT are provided at no cost to families. Providers are trained to work collaboratively, which benefits the child.
Have Questions?

If you have questions about your child’s vision and hearing, help is available at no cost to families.

Contact:

New England Consortium on Deafblindness (NEC)
617-972-7515

Vermont Deaf and Hard of Hearing Program at Nine East Network
802-229-0100

Vermont Association for the Blind and Visually Impaired (VABVI)
802-863-1358

Vermont I-TEAM Early Intervention Project (Birth to 3)
802-343-9400

Vermont I-TEAM (Ages 3 to 22)
802-656-7122

Every child with a combined vision and hearing loss (deafblindness, dual sensory impairment) is unique, capable of learning, and is a child first.

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Common causes of combined vision and hearing loss (Indicators for Referral)

Hereditary Syndromes/Disorders
• CHARGE Syndrome
• Usher Syndrome (I, II, III)
• Down Syndrome

Prenatal/Congenital Complications
• Cytomegalovirus (CMV)
• Microcephaly
• Hydrocephaly

Postnatal/Non-Congenital Complications
• Asphyxia
• Traumatic Brain Injury
• Meningitis

Other
• Complication of prematurity
• Frequent and recurring ear infections
• Progressive Conditions

Information retrieved from the Federal Deafblind Child Count (2017)

What are Best Practices?

Environmental Considerations
• Reduce background noise and visual clutter
• Place light-colored objects on dark backgrounds and vice versa
• Keep the physical set-up of rooms consistent

Language and Communication
• Consider a variety of communication options, such as: sign language, symbols, technology, touch cues, spoken language, etc.
• Describe what is happening in the environment
• Do not underestimate the importance of gentle and respectful touch. Hand-Under-Hand support is a great example

Predictability and Consistency
• Use consistent touch cues
• Before helping a child move or reposition, tell them where they are going and what will happen next