



Communication Services FAQ

The ability to communicate allows a person to connect with others and enables them to conduct daily activities. [The Communication Bill of Rights](#) outlines the individual's right to communicate in all aspects of their life, including interacting with others, maintaining social relationships, making choices, sharing opinions, asking questions, giving information, and expressing wants, needs, and feelings. It is best to learn how the individual prefers to communicate. Due to the complexities in everyone's communication needs, an effective solution may be different for everyone. If you have any questions or concerns or would like this document to be translated into other languages, please email Questions@dds.ca.gov.

Q1. What are communication services?

A1. Communication services include interventions, trainings, and/or technologies that assist individuals to communicate effectively. They may also help family members support an individual's communication development.

Q2. How do communication services help individuals?

A2. Communication is vital for connecting people and building relationships. Communication services help individuals to express their thoughts, feelings, needs, and wishes. When these skills are developed, it promotes independence and allows them to fully participate in school, work, and their community. All individuals should be afforded opportunities to communicate.

Q3. Who benefits from communication services?

A3. Individuals who cannot use verbal speech as a primary way of communication can benefit from these services. These individuals may be nonspeaking or non-expressive. Contact your local regional center if you or your family member can benefit from communication services. Children ages 3-21 can also consult their Individualized Education Program (IEP) team for more information on communication supports available at their school.

Q4. What are some different methods of communicating?

A4: There are a variety of communication methods that individuals utilize depending on their needs. Some may use a visual language such as American Sign Language (ASL), Certified Deaf Interpreters (CDI), and ASL Interpreters to enable communication between Deaf or hard of hearing individuals with people with spoken language. Some people may use aided communication. Some examples include:

- Communication boards
- Speech generating devices, and
- Tablets with communication apps

Other individuals may utilize durable medical equipment that assists them in speaking. Some examples include:

- Voice prosthesis
- Electrolarynx

Q5. What is Augmentative and Alternative Communication (AAC)?

A5. Individuals who cannot express themselves verbally may use multiple forms of communication to interact with others. AAC may include aided and unaided communication methods. Aided communication involves devices, either electronic or non-electronic, such as pictures, writing, tablets, communication boards, and speech generating devices (SGD). Unaided communication does not require additional devices, and may include facial expressions, body posture, gestures, or manual signs. People of all ages can use AAC, and it does not require pre-requisite skills.

Q6. What is ASL?

A6. American Sign Language (ASL) is a natural language with the same linguistic properties as spoken languages. Its grammar is expressed using hand shapes, facial expressions, and body language to convey meaning. It is the primary language of many North Americans who are Deaf and hard of hearing. Many hearing people are fluent in ASL, and it is the third most commonly used language in the United States. Over 300 different sign languages are used globally.

Q7. What is Pro-tactile ASL?

A7. Pro-tactile ASL (PTASL) is a tactile language for Deaf-Blind people, developed by them and for them. It uses touch on the body to communicate rather than visual signs. PTASL is an emerging system of communication. The shared contact space on hands, arms, and back allows more inclusive interactions and deeper connections.

Q8. Who decides which communication system or service is needed?

A8. The individual or family can consult a licensed and appropriately trained speech language pathologist (SLP) for a full assessment. The appropriate mode or modes of communication and communication support are determined by the needs of the individual and their communication partners (ASHA, 2024). Individuals who identify with hearing loss can also meet with a Deaf Coach and be referred to an audiologist to explore other options. The Americans with Disabilities Act Section 36.303 requires that communication tools or assistance be provided in accessible formats, be delivered in a timely manner, and protect the privacy and independence of individuals with disabilities. Additionally, the effectiveness of these aids and services depends on the method of communication used by the individual, the nature, length and complexity of the communication and the context in which the communication occurs.

Q9. How do families access communication services?

A9. There are multiple ways to acquire communication services depending on your child's communication needs. Families can contact their local regional center or service coordinator for more information. Families can also explore their insurance for speech therapy and assistive technology services. Children who identify as Deaf and hard of hearing are referred to hearing screening and deaf specialists by [LEAD-K Family Services](#). Free online sign language programs are available for families. There are state programs, such as [California Children's Services](#) (CCS), that can fund speech therapy services. Local Educational Agencies (LEAs) may provide speech therapy or purchase assistive technology (AT) devices and services based on the child's needs.

Find your local regional center by using this link: [Regional Center Lookup](#)

Communication Services for Children Ages Birth to 36 Months

Q1. What should I do if I have concerns about my infant/toddler's language development?

A1. The developmental period of birth to 3 is important for speech and language and cognitive development. Families can consult with their primary care provider to discuss their concerns. The child's pediatrician may refer you to a regional center or licensed speech-language pathologist for an evaluation. It may also be recommended that your child have an audiological evaluation. You may also visit the [Early Start](#) webpage for information and resources.

Q2. How do I know if my child needs speech therapy?

A2. Every child is unique, and some variability in speech and language development is normal. If your child does not meet the Centers for Disease Control and Prevention's (CDC) developmental milestones, or if you have consistent concerns about your child's speech and/or language development, consult your pediatrician or local regional center for a developmental screening or speech and language evaluation referral. Parents may also contact their local regional center to refer their child to Early Start. Please visit [CDC's website](#) for the list of developmental milestones by age. The California Department of Education (CDE) also has a comprehensive list of language development milestones for children birth to five, [SB 210 Language Development Milestones](#).

Q3. What is a speech and language delay?

A3. A speech or language delay is when a child is not meeting typical developmental milestones. A speech and language delay means a child is developing their communication skills (both understanding and expressing language) at a slower rate than typical for their age. If a child has difficulty sharing problems, thoughts, ideas, and feelings or difficulty understanding what others are communicating, they may have a language delay or disorder. If a child has difficulty producing sounds and words, they may have a speech delay or disorder.

- Speech: refers to the physical production of sounds and words.
- Language: encompasses understanding and using words, phrases, and sentences to communicate.

Q4. What speech-language therapy care model would benefit my child?

A4. A continuous care model for speech-language therapy offers a more holistic, integrated, and effective approach for early intervention. This model offers enhanced developmental outcomes, improved involvement and support, comprehensive and integrated services, greater individualization and flexibility, and increased effectiveness and efficiency.

Q5. What are some resources for children who are Deaf or hard of hearing?

A5: California Education Code Section 56326.5 requires the development of parent resources to identify developmental milestones and mandates the California Department of Education (CDE) to select existing tools or assessments for educators to assess Deaf and hard of hearing children's language and literacy development. CDE provides a list of language milestones for parents to track their child's language growth. For a comprehensive list of language milestones from birth to five for children who are Deaf or hard of hearing, you can visit the CDE website at <https://www.cde.ca.gov/sp/ss/dh/sb210langmilestones.asp>.

Q6. What should I do if my baby is identified with hearing loss during the newborn screening test?

A6. Talk to your pediatrician to determine if your baby should be retested. The pediatrician or hospital will refer your baby for follow-up testing with a pediatric audiologist before your baby turns one month old. If your baby has been identified with hearing loss your audiologist should refer you to Early Start and Lead-K Family Services. You may also contact the Department at earlystart@dds.ca.gov or visit the [Early Start webpage](#) to get connected with your local Early Start program. If eligible, it is important your baby start services as early as possible.

There are additional resources for families to access:

- [Hearing Loss in Children | Hearing Loss in Children | CDC](#)
- [LEAD-K Family Services](#)
- [Hands & Voices](#)
- [My Baby's Hearing](#)

Q7. Can my infant/toddler benefit from using communication services or AAC?

A7. There is no age restriction for using AAC. Completing a speech, language, and communication assessment is necessary to determine the right communication approach or system for your child. Please refer to your local regional center if you need additional information.

Deaf and Hard of Hearing Communication Services

Q1. How does being deaf or hard of hearing impact speech and language development?

A1. Hearing sounds and words can help children acquire language. However, speech and hearing are just a few methods of acquiring language skills. American Sign Language (ASL) provides early access to language which is critical for cognitive and social development. Children exposed to ASL from birth reach language milestones and build expressive and receptive language skills. Language development can occur through reading, looking at pictures, signing, and playing. Additionally, interactions that include gestures, facial expressions, and other forms of non-verbal communication, can contribute to a child's language development.

Q2. How do Deaf and hard of hearing people communicate?

A2. There are many ways that a Deaf and hard of hearing person communicates. Everyone is unique and has different communication needs and preferences based on the setting and purpose of the interaction. Some communication modes include:

- ASL
- Speech
- Speech reading (lip reading)
- Gestures
- Writing
- Videophone
- Augmentative Alternative Communication (AAC)

DeafBlind Communication Services

Q1. What is DeafBlindness?

A1. DeafBlindness is a condition in which an individual has combined hearing and vision loss. A Deafblind person may have degrees of usable vision and/or hearing. There are some

resources regarding DeafBlindness on the Department of Developmental Services website: [Deaf, Hard of Hearing and DeafBlind Resources](#)

Q2. How do DeafBlind people communicate with others?

A2. DeafBlind people can communicate in various ways using a combination of principal communication systems that include:

- Touch cues
- Object tactile symbols
- Protactile Sign language
- Gesture
- Picture symbols
- Fingerspelling

Q3. What kind of communication technology do DeafBlind people use?

A3. With learning and development for deafblind individuals vary from person to person, depending on the type and level of vision and hearing issues, age of onset (from birth or acquired later), and presence of additional disabilities. Connect with [California DeafBlind Services](#) for a functional, individualized assessment. Their experienced staff provides consultation, training, and resources to families and educational and medical professionals throughout the state of California.

