

DEGREE OF HEARING AND POTENTIAL EFFECTS

Every child is different. The possible effects of a hearing loss depend on degree of loss, early identification services, amplification, and parent involvement.

DEGREE OF LOSS	POTENTIAL EFFECTS
MILD 20 – 40 dB:	Without amplification, the child can hear most conversations up close and in quiet environments, but is likely to miss parts of words. The child may appear to be "hearing when she/he wants to." The child may experience some difficulty in communication and education settings. Language delay and speech errors may occur. Amplification and lip-reading may supplement understanding of what is said. Hearing aids and intervention should be encouraged.
MODERATE 41 – 55 dB:	Without amplification, the child will have difficulty hearing spoken conversation. 50-100% of spoken conversations may be missed. Proper amplification and intervention should enable the child to hear and recognize most sounds. Speech and language development (e.g. – articulation, vocabulary development, voice quality) may be delayed without intervention.
MODERATELY- SEVERE 56 – 70 dB:	Conversation must be very loud to be heard without amplification. Proper amplification will help the child to develop awareness of spoken language. Age of amplification, consistent use of hearing aids and intervention are important to help the child learn to use his/her hearing. The child is at risk for significant delays in spoken language speech understanding, language comprehension and voice quality.
SEVERE 71 – 90 dB:	Without amplification, the child may hear loud voices and sounds close to the ear. If loss is from birth, spoken language and speech may not develop spontaneously, or could be severely delayed unless modifications and interventions are taken. With early and consistent use of hearing aids, many children will be able to detect sounds such as speech. Most children will use vision in addition to or in place of hearing.
PROFOUND 91 dB or greater	Without amplification, the child will be more aware of sounds as vibrations. The child may rely on vision rather than hearing as the primary means for communication and learning. Speech and oral language will not develop spontaneously without modifications and intervention. Spoken language is significantly delayed, abnormal speech patterns may develop and voice quality is usually diminished. Amplification may or may not be useful in hearing spoken conversation. Residual hearing can benefit from amplification. Amplification may or may not be useful in hearing spoken conversation. The child is a potential candidate for a cochlear implant. Use of a signed language or a signed system may benefit language development.
UNILATERAL HEARING LOSS	Until recently, children with unilateral hearing loss did not have their hearing loss detected until they were in school. Now, with newborn hearing screening, unilateral hearing loss is detected during the first months of life. Children with unilateral hearing loss may be at risk for speech and language delays and/or educational difficulties. May have difficulty hearing faint or distant spoken conversations. Usually have difficulty knowing where sounds are coming from. May have difficulty understanding spoken conversations coming from the side of the head that has the hearing loss.