

TERMINOLOGY

*“I’ve learned that kids need hugs
more than kids need things.”*

—Anonymous



Acquired Hearing Loss

Hearing loss that is not present at birth, but picked up later in life.

Adjusted Age

Adjusted age is the time (for example, days) between the date of premature birth and the actual due date of the full term pregnancy.

Alerting Devices

Term used to describe devices that are available to help people who are deaf or hard of hearing increase, maintain, or better communicate within their surroundings and society.

American Sign Language (ASL)

American Sign Language is language in which the placement, movement, and expression of the hands and body are part of the language. Research has shown that ASL is a complete language with its own grammar and language rules. ASL is considered by the Deaf community to be the native language of people who are deaf. It is often the chosen language for people who are deaf, even when they are fluent (understand) in both ASL and English. Children born to parents who are deaf learn ASL in the same way that hearing children learn spoken language from hearing parents. Since ASL is not a “method” of learning English but a separate language, hearing parents must work with those who “speak” ASL to learn the language in order to give their infant/child the best opportunity to learn ASL. (For more information see Deaf Culture section.)

Amplification

The use of hearing aids or other electronic devices to increase the loudness of a sound so that it may be more easily picked up and understood.

“At risk”

This is a term that refers to a medical condition or event that is known to be connected with a hearing loss.

Auditory Trainer

A communication device that can be used with a hearing aid, and is made to increase the main sound source and reduce any other noise for the listener.

Auditory Brain Stem Response (ABR)

This is a hearing test that can record and tell what the brain’s response to sound is. During the test, small electrodes are placed on your infant/child’s head and a computer is used to figure out the brain’s response to sound. The test does not hurt and is usually done while infants/children are sleeping. The screening form may be used before the infant/child leaves the hospital. There is a longer form for infants/children that is usually one part of a complete diagnostic audiological evaluation, or work up by a hearing loss specialist.

