

Issues in Mainstreaming

The decision to mainstream a child with a cochlear implant is a complex one that requires careful consideration of a number of factors, each of which contributes to mainstream success. Outlined below are important child readiness factors, receiving school readiness factors and parent readiness factors that will require consideration to make a mainstream recommendation with confidence.

Child Readiness

Historically, mainstreaming was reserved for children who, after a period of special education, had acquired sufficient skills to be successful in a general education setting. With implant technology now available to children as young as 12 months of age, the trend toward mainstreaming during the preschool years has been observed. Children who have demonstrated the potential to learn through listening are now being given the opportunity to continue to acquire skills in the mainstream rather than as a prerequisite to placement there. Regardless, consideration should be given to the child's language/concept ability when compared to his/her hearing age peers. Because the language demands of the classroom increase over time, a child must demonstrate language-learning ability that will sustain continued growth in the regular education setting. The child's speech perception and speech production skills should be indicative of a spoken language system that allows the child to process and produce the classroom language. Finally, when the mainstream candidate demonstrates social skills that support social interaction with new hearing classmates, there is greater chance for successful placement.



School Readiness

In addition to evaluating a child's readiness for the mainstream, it is also necessary to consider the receiving school's readiness for providing services to the child with a cochlear implant. Factors such as administrative support and a school community that values and accepts all students are as important as the more practical issues of room acoustics, availability of support services and willingness of staff to learn more about the needs of a child using implant technology.

