

雅文聽語季刊

Children's Hearing Foundation Quarterly

幫助聽障兒童學習聽與說

Helping Deaf Children Learn to Listen and Speak

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賀詞 Greeting



用愛來改變他們的一生

政治大學法律系副教授 馬英九

聽覺正常的人很難體會失聰是怎麼一回事*。既瞎且聾的美國教育家海倫凱勒女士曾說過：「如過讓我選擇，我寧願瞎也不願聾，因為『瞎』固然使人與物有隔閡，但是『聾』卻切斷了人與人的交流。」

『財團法人雅文兒童聽語文教基金會』從去年三月正式成立迄今，才不過短短的一年，在執行董事倪安寧(Joanna Nichols)女士的領導與老師們的共同努力下，竟然已經免費幫助了兩百多位聽障兒以「聽覺口語法」(Auditory-Verbal approach)學會了聽與說，『雅文基金會』協助他們進入有聲世界，不再與人有隔閡。

看著一個個聽障的小孩，在接受了「聽覺口語法」訓練後，得以開口與人自然交談，甚至講電話，並陸續回到普通學校上課，實在是不可思議的成就，我在此要對『雅文基金會』表達個人最深刻的肯定與敬佩。

台灣社會還有很多的聽障兒童，我在此也要呼籲社會大眾，共同來關心我們的聽障兒及其家庭，並給『雅文基金會』不斷的鼓勵與支持。使聾人恢復聽覺，已不再是夢想。讓我們一起用愛，來改變他們的一生！

★（也許您可以在看電視的時候把聲音關掉，看個十分鐘，感受一下是什麼滋味。）

馬英九

With Love, We Can Change Their Lives Forever

Ma Ying-Jou, Associate Professor of Law, National Chengchi University

It is very difficult for people who are not hearing-impaired to imagine what it must be like*. Helen Keller, the great American educator who was both blind and deaf, once said, "If I could choose I would rather be blind than deaf. Because blindness cuts you off from things, but deafness cuts you off from people."

Established in March 1997, the Children's Hearing Foundation has existed in Taiwan for only a year. Under the leadership of Joanna Nichols and through the hard work of its teachers, the Foundation has already given over 200 hearing-impaired children free instruction in the Auditory-Verbal approach to help them learn to listen and speak. They have been able to enter the world of sound and overcome the language barrier that separated them from people, so they can communicate freely in the hearing world.

It is amazing to see a deaf child, after receiving AV therapy speak freely and naturally, even on the telephone, and attend mainstream schools. This has been deeply moving for me. The Foundation's achievements are remarkable and worthy of the praise of all.

I personally have great expectations for the Foundation. There are still many hearing-impaired children in Taiwan who need help. We need more people to show their concern by encouraging and supporting these children and their families. Remember, helping deaf children develop their hearing is no longer an impossible dream. With love, we can change their lives forever.

*(Watch TV with the sound off for ten minutes and feel what it is like.)

Ma Ying-Jou



聲樂飄飄處處聞

雅文聽語文教基金會董事長 鄭欽明

**幫助一個聽障兒學會聽與說，就可能使他成為社會的參與者與生產者，
幫助更多聽障兒學會聽與說，將來他們能發揮的影響力豈不是更大？
我們有信心在20年間讓絕多數台灣的聽障兒能開口正常與人溝通。**

雅文兒童聽語文教基金會於85年12月創立，在短短一年的時間裡，由師資培訓到台北中心、南區中心相繼成立，成長速度令人欣慰。目前大約有兩百名孩子在接受完全免費的一對一「聽覺口語法」訓練後，已經逐漸走出聞音的世界，開口與人說話。我們有信心在20年之間達到預期的目標---讓台灣絕大多數的聽障兒都能透過傾聽，與他人暢所欲言，正常溝通。

幫助一個孩子學會傾聽與說話，他便可以在普通的學校和一般的生活環境中成長，將來就是一個獨立、參與、合作的生產者，而不是需要社會支助的殘障者。何況，我們要幫助的對象並

不只是這兩百個孩子。想想看，基金會每一位工作伙伴的努力與社會各界人士的共襄盛舉，足以改變許多孩子的一生，這是多麼值得肯定而有意義的事！

大家都知道，學習語言是愈早開始效果愈好，所以，基金會要再三呼籲，為人父母者一定要確實注意早期篩檢、早期發現早期教育的重要性。一般來說，與嬰幼兒最親近的人多半是父母，因此，發現孩子的身心發展有無問題，為人父母者扮演了最關鍵的角色。

身為聽障兒的家長之一，我願與所有聽障兒的家人互相勉勵，只要我們有信心，肯用心，

以聽覺口語法來引導我們的孩子，一定可以讓他們回到有聲的世界，接受一般教育，發揮潛能，成為有用的人。

期盼在不久的將來，有更多人因為了解我們的工作而產生更多認同與迴響，伸出溫暖的手，讓無聲的世界處處「聲」機盎然。相對於默默付出，只要我們的聽障兒能開口流利的說話，便是基金會最大的欣慰與成就。

對忙於拓荒工作的基金會同仁、老師、社工、義工及熱心捐助的朋友們，本人謹在此致上最深的謝意。伙伴們，讓我們以有限的生命更積極的投入工作中！

The Music of Sound

Kenny Cheng, Chairman, Children's Hearing Foundation

In the sixteen months since its founding in December 1996, the Children's Hearing Foundation has made tremendous strides. From the Auditory-Verbal teachers' training program, to the establishment of the Taipei and southern Taiwan

Auditory-Verbal centers for hearing-impaired children, our rapid growth leaves me feeling gratified, excited, and optimistic about the future. At present, the two hundred children who are receiving Auditory-Verbal teaching are escaping from a world of silence

and entering the world of speech and communication. We are confident that within twenty years, we will achieve our goal of enabling nearly all Taiwan's hearing-impaired children to listen and speak. They will be able to attend normal schools, grow up



專欄
Judy's Column

茱蒂小檔案

- 擁有三十餘年教學經驗的聽覺口語法教育專家
- 前聽覺口語國際協會主席

助聽器只能放大聲音而聽能須由學習獲得

科技已進步、已改善了！在聽障教育的歷史中，從沒有一刻像現在一樣，聽障的孩子能如此發揮聽覺能力。隨著助聽器功能的改善及人工電子耳的助益，我們知道，絕大多數的聽障兒童都有潛能靠聽覺來學習聽聲音及發展口語。但是，這些科技及醫療方法只能讓聽障兒童擁有聽覺，

何謂聽覺口語法

茱蒂·辛賽

孩子是否能學會運用聽覺則必須仰賴有效的治療。

Doreen Pollack 是一位聽覺口語法的首倡者和執行者。她在「一個倡導者的感想」(錄於The Volta Reveiw, Summer 1993)一文中寫著：「我學習到我們不能以為孩子戴上助聽器之後便期望他們發展出正常的聽能。如果，孩子的行為表現仍像個聽障孩子，聲音是無意義的。假若孩子受到使用讀唇或手語的鼓勵，他們仍將是個視覺學習者而忽略聲音的存在。我也瞭解到我們不須教導聽障孩子「看」而須教導他們「聽」。助聽器只能放大聲音而聽能須由學習獲得。我必須讓聲音成為孩子生活經驗中重要且有意義的一部份。」在聽覺口語的課程中，口語是透過聽而習得，因此要發展孩子的聽覺潛

能，聽覺口語法是一種最理想的教學方式。

聽覺口語法的目標

聽覺口語法是以一套具邏輯且重要的指導原則為根基。這套原則可以幫助聽障或重聽的孩子使用其放大後之聽覺潛能(即使其聽覺潛能是微乎其微)或是透過人工電子耳的電能刺激來學習傾聽。而發展口語和說話。

聽覺口語法的目標是讓聽障或重聽的孩子在正常的生活學習環境中長大，進而成為主流社會中獨立且參與的公民。聽覺口語法支持各種聽障程度的孩子選擇發展聽能並與其家人和同族群人使用口語溝通。

Continued from page 2

with their hearing peers and become independent, productive human beings participating in and contributing to society, rather than depending on government assistance. We want to reach as many children as possible. Our hope is not limited to the two hundred children we serve today but extends to all Taiwan's hearing-impaired children in need of help. The combined efforts of our foundation staff and supporters can change the lives of many children. It is exciting to be part of such a worthwhile endeavor.

Everyone knows that language acquisition is easier if you start at a young age. The earlier you start, the better the results. Therefore, the Children's Hearing Foundation emphasizes the critical importance of **early infant screening, early**

diagnosis, and early education. In most families, parents have the most intimate interaction with their children, and therefore play a key role in detecting any problems in development. There is no substitute for a parent's intuitive, loving attention.

As a parent of a hearing-impaired child, I am willing to work with and lend my support to all families of hearing-impaired children. I am certain that with confidence and dedication, we can use the Auditory-Verbal approach to guide children into the world of hearing and speech and help them become fulfilled, integral members of society.

I hope that as more people learn about our work and see the importance of our contribution,

many will feel moved to reach out a helping hand. Let us join together to break down the walls of silence and let in the music of sound. When we hear the fluent voices of our hearing-impaired children in normal conversation, all of our efforts are proven worthwhile. The children's ability to communicate verbally will be the Children's Hearing Foundation's greatest achievement.

To everyone involved with the Foundation--teachers, parents, colleagues, social workers, doctors, audiologists, volunteers, and benefactors--who have helped us in bringing additional knowledge, technology and service to Taiwan, I would like to express my heartfelt gratitude. Let us strive to contribute even more in our limited lifetimes.



指導原則

- 努力加強嬰幼兒的聽障鑑定。若在新生兒期即被鑑定出來，療育結果更佳。要積極執行聽能管理的課程。
- 盡早尋求可獲得的最佳醫療資源，以及聽障或重聽孩子的聲音擴大技術。
- 協助家長營造每天都有意義的聽能學習環境。
- 協助孩子理解和回應其所聽到的聲音且能與聽力正常的孩子一樣正確地使用此聲音。
- 協助家長成為孩子學習說話和口語溝通的最佳示範者。
- 協助孩子發展內在的聽能系統。孩子可因而察覺自己的聲音並加以適當的運用。
- 運用聽能，說話，語言溝通和思考技巧的發展順序。
- 觀察和評估孩子上述各方面的發展並視其需要而改變教學方式。
- 藉由支持聽障或重聽的孩子回歸普通學校來協助他們運用教育資源並參與社會。

證明聽覺口語法的研究結果證明若干事實

1. 絕大多數的聽障兒童仍有可利用的殘存聽力，而這是幾十年來已知的事實。
(Bezold & Siebenmann, 1908; Goldstein, 1939; Urbantschitsch, 1982).
2. 只要助聽器配戴調整得宜，聽障兒可察覺語音頻譜圖上大部分的語音。
(Beebe, 1953, Goldstein, 1939; Johnson, 1976; Ling, 1989; Ling & Ling, 1978; Pollack, 1970, 1985; Ross & Calvert, 1984).
3. 一旦所有可利用的殘存聽力能透過適當的科技產品（如：兩耳配戴助聽器、耳模、FM系統、人工電子耳等）輔助，達到語音頻譜圖中最大語音察覺範圍後，聽障兒童將可透過聽覺並以正常的方式學習語言。由此

可知，聽障兒童並不須要成為視覺學習者，可由一個被動的資訊接收者轉而成為一個用聽能的主動學習者。

(Boothroyd, 1982; Goldberg & Lebahn, 1990; Robertson & Flexer, 1990; Ross & Calvert, 1984)

4. 為了從聽覺神經與語言發展的關鍵時期中，得到最大助益，必須早期辨識聽障兒童的聽力損失，適當使用醫療和科技資源，以給予聽能刺激。

(Clopton & Winfield, 1976; Hohnson & Newport, 1989; Lennenberg, 1967; Marler, 1970; Newport, 1990).

5. 若孩童的聽力沒有在學習語言的黃金時期發展，從生理及社會心理發展角度來看，他們對使用有意義的聲音輸入的能力將會退化。

(Evans, Webster & Cullen, 1983; Merzenich & Kaas, 1982; Patchett, 1977; Robertson & Irvine, 1989; Webster, 1983).

6. 現今有關語言發展的資料正提供聽覺口語法訓練的組織架構及理論證明，就是嬰幼兒能有效地學習語言，乃是透過持續不斷，且與照顧者在有意義的環境中互動。

(Kretschmer & Kretschmer, 1978; Lennenberg, 1967; Leonard, 1991; Ling, 1989; MacDonald & Gillette, 1989; Menyuk, 1977; Ross, 1990).

7. 當口語能力隨著聽能輸入發展，孩童的閱讀能力也會隨之增強。

(Geers & Moog, 1989; Ling, 1989; Robertson & Flexer, 1990).

8. 參加聽覺口語法課程的家長不須另學手語。因為根據統計，超過百分之九十的聽障兒童家長擁有正常聽力。(Moores, 1987)。且資料指出，他們就算學手語，也只能以幼稚園程度的手語與聽障兒童溝通；反之，聽覺口語法的訓練讓照顧者得以利用本身說話的語言與孩童互動，來創造好的聽能環境，幫助他們學習。

(Luetke-Stahlman & Moeller, 1987.)

9. 如果說重度或極重度聽障兒童的神經構造及其功能，與一般人有極大的不同，(Furth, 1964; Myklebust & Brutton, 1953)，那麼聽覺口語法的理論便無法成立。但研究卻指出透過早期利用聽障兒童的殘存聽力，他們不但能說話且能成為獨立自主，對社會有貢獻的中堅份子。

(Goldberg & Flexer, 1991; Ling, 1989; Yoshinaga-Itano & Pollack, 1988).

(以上摘錄自The Auricle, 1991年秋季刊)

附註：以上參考書籍可向雅文聽語文教基金會取得



前排左三謝貴恩董事，左四董事長鄭欽明，右一鄭雅文，右二、右三葉蒂老師及其先生辛賽雷，右四執行董事長倪安寧與雅文基金會全體員工合影

Chairman (1st row, 4th from the left) celebrated Chinese New Year with CHF teachers



專欄 Judy's Column

Judy Simser

- has 30 years experience using Auditory-Verbal therapy to teach children with hearing impairments
- past president of the board of directors of Auditory-Verbal International

Technology has changed! Never before in the history of deaf education has there been such access to hearing for children who are hearing-impaired. With improved technology in hearing aids and the availability of cochlear implants, we know that the vast majority of these children have the hearing potential to learn to listen and develop spoken language. But these technological and medical devices only give children access to hearing. Whether children learn to use this hearing depends on the therapy they receive once they have these devices. Doreen Pollack, a pioneer and practitioner in the Auditory-Verbal (A-V) approach wrote in *Reflections of a Pioneer* (The Volta Review, Summer 1993), "I learned that one could not simply hang a hearing aid on children and expect them to develop hearing perceptions normally. Instead, the children continued to act as if they were deaf. Sound was meaningless. Furthermore, when the children were encouraged to use lip-reading or signing, they continued to be visual learners and ignored sound. I came to realize that one did not have to teach deaf children to look but instead one had to teach them to listen. A hearing aid gave more hearing, but listening had to be learned. I had to make sound an important and meaningful part of everything the children were experiencing." In the A-V approach spoken language is developed through listening and thus is an ideal teaching method to develop a child's hearing potential.

THE AUDITORY - VERBAL APPROACH

The A-V approach is based upon a logical and critical set of guiding principles which enable children who are deaf or hard of hearing to learn to use even minimal amounts of amplified residual hearing or hearing through

What is the Auditory-Verbal Approach?

By Judith I. Simser O. Ont, B.Ed, Cert. AVT

electrical stimulation of a cochlear implant, to listen, to process verbal language, and to speak.

The goal of the A-V approach is for children who are deaf or hard of hearing to grow up in normal learning and living environments and become independent, participating citizens in mainstream society. The A-V philosophy supports the option for children with all degrees of hearing impairment to develop the ability to listen and to use verbal communication within their own family and community.

THE GUIDING PRINCIPLES

- To work toward the earliest possible identification of hearing impairment in infants and young children, ideally in the newborn nursery. To conduct an aggressive program of auditory management.
- To seek the best available sources of medical treatment and amplification technology for the child who is deaf or hard of hearing as early as possible.
- To help parents develop a meaningful listening and learning environment all day long.
- To help the child understand the meaning of sounds heard and to respond and use sound in the same way and in the same manner as children with normal hearing.
- To help the child's parents become the most important models for learning speech and spoken communication.
- To help the child develop an inner auditory system so that the child is aware of his or her own voice and will work to match what he or she says with what he or she hears others say.
- To use a developmental sequence in listening, speaking, language, communication and thinking skills.
- To observe and evaluate the child's development in all of these areas and change the child's teaching program when new needs appear.
- To help children who are deaf or hard of hearing participate educationally and socially by supporting them in normal education classes.

EXISTING EVIDENCE THAT SUPPORTS THE RATIONALE FOR AUDITORY-VERBAL PRACTICE

1. The majority of children with hearing

impairment have useful residual hearing: a fact known for decades (Bezold & Siebenmann, 1908; Goldstein, 1939; Urbantschitsc, 1982).

2. When properly aided, children with hearing impairment can detect most if not all of the speech spectrum (Beebe, 1953; Goldstein, 1939; Johnson, 1976; Ling, 1989; Ling & Ling, 1978; Pollack, 1970, 1985; Ross & Calvert, 1984).

3. Once ALL available residual hearing is accessed through amplification technology (e.g., binaural hearing aids and acoustically tuned earmolds, FM units, cochlear implants) in order to provide maximum detection of the speech spectrum, then a child will have the opportunity to develop language in a natural way through the auditory modality. That is, a child with hearing impairment need not automatically be a visual learner. Hearing, rather than being a passive modality that receives information, can be the active agent of cognitive development (Boothroyd, 1982; Goldberg & Lebahn, 1990; Robertson & Flexer, 1990; Ross & Calvert, 1984).

4. In order to benefit from the "critical periods" of neurological and linguistic development, identification of hearing impairment, use of appropriate amplification and medical technology, and stimulation of hearing must occur as early as possible (Clopton & Winfield, 1976; Johnson & Newport, 1989; Lennenberg, 1967; Marler, 1970; Newport, 1990).

5. If hearing is not accessed during the critical language learning years, a child's ability to use acoustic input meaningfully will deteriorate due to physiological (retrograde deterioration of auditory pathways), and psychosocial (attention, practice, learning) factors (Evans, Webster & Cullen, 1983; Merzenich & Kaas, 1982; Patchett, 1977; Robertson & Irvine, 1989); Webster, 1983).

6. Current information about normal language development provides the framework and justification for the structure of A-V practice. That is infants/toddlers/children learn language most efficiently through consistent and continual meaningful interactions in a

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榮登1998世界名人錄—黃富源醫師

“新生兒的殘存聽力如果能及早發現，及時給予充分的刺激就不會萎縮；反之，不刺激就會逐漸喪失功能。”

在台灣，每年三十萬個新生兒中就有千分之一，大約三百人是極重度的聽障兒，其中百分之九十以上仍具有殘存聽力。美國衛生總署於1993年所公佈的聽障篩檢報告(NIH consensus report)中就明白指出，在每一千名新生兒中就有一名是極重度的聽障兒(>90分貝)。著名的科羅拉多學者Northern和Downs教授也指出，除了先天聽障之外，千分之二之孩童會經由疾病或各種原因而發生極重度的聽力損害，屬於較輕度而未被診斷出來的就更難以估計了。

談早期療育的重要性

—馬偕醫院副院長暨小兒科資深醫師—黃富源

人類的思考與溝通，絕大多數經由聽覺輸入大腦，再由口語輸出做為主要媒介。由此可見，聽覺是人與人溝通互動的根本，語言的表達則是溝通互動的橋樑。聽障兒在沒有足夠的聲音刺激之下，如何學會語言呢？日後要接受良好的教育也是困難重重，更何況是經濟上的獨立自主。聽障兒如果不能及時獲得妥善的照顧，未來身心的異常發展將加重社會成本，所以，早期發現早期療育對孩童本身，對其家人，對社會，都是好事一樁，影響深遠。

由於科技進步，絕無孩子太小就不能做聽力檢查的道理，新生兒應做好全面性的聽力篩檢。新生兒的殘存聽力如果能及早發現，及時給予充分的刺激就不會萎縮；反之，不刺激就會逐漸喪失功能。美國衛生總署在聽障篩檢報告中也明白指出，三歲以前是聽力發展的最關鍵時期，如果錯過這個時機而未能給予充分的刺激，聽障兒就無法發揮最佳的語言功能。

嬰兒兩個月大時，如果對開關門的聲音、拍手的聲音、音樂的聲音，甚至打雷的聲音都沒有反應時，父母應盡快帶孩子到醫院的小兒科或耳鼻喉科做聽力檢查。一旦確定為聽障，應盡快去看聽力師並配戴合適的助聽器，如果已喪失殘存聽力，在一歲半以後也可以開刀植入人工電子耳。只要能及時掌握「聲」機，所有的聽障兒幾乎都可以回到有聲世界，和正常的孩子一樣學習聽和說，自然的與人溝通，並回歸普通學校接受一般教育，成為一個獨立自主，對社會有貢獻的人。

我鄭重呼籲，為新生兒做好全面性的聽力篩檢，以便及早及時利用殘存聽力進行復健並給予正確而適當的教育，是醫生和為人父母者為孩子開啟美好人生的第一步。讓我們一起努力吧！

Continued from page 5

supportive environment with significant caretakers (Kretschmer & Dretschmer, 1978; Lennenberg, 1967; Leonard, 1991; Ling, 1989; MacDonald & Gillette, 1989; Menyuk, 1977; Ross, 1990).

7. As verbal language develops through the auditory input of information, reading skills can also develop (Geers & Moog, 1989; Ling, 1989; Robertson & Flexer, 1990).

8. Parents in A-V programs do not have to learn sign language or cued speech. More than ninety percent of parents of children with hearing impairment have normal hearing (Moore, 1987).

Studies show that over 90% of parents with normal hearing do not learn sign language beyond a basic preschool level of competency (Luetke-Stahlman & Moeller, 1987). A-V practice requires that caregivers interact with a child through spoken language and create a listening environment which helps a child to learn.

9. If severe or profound hearing impairment automatically makes an individual neurologically and functionally "different" from people with normal hearing (Furth, 1964; Myklebust & Brutton, 1953), the A-V philosophy would not be tenable. However, studies show that

individuals who have, since early childhood, been taught through the active use of amplified residual hearing, are independent, speaking, and contributing members of mainstream society (Goldberg & Flexer, 1991; Ling, 1989; Yoshinaga-Itano & Pollack, 1988).

Adapted from the Auditory-Verbal Position Statement, The Auricle, Fall Vol. 3, 1991, prepared by the Board of Directors of Auditory-Verbal International.

A list of references may be obtained from the Children's Hearing Foundation.



The Importance of Early Detection

Huang, Fu-Yuan, M.D., Vice Superintendent, Mackay Memorial Hospital

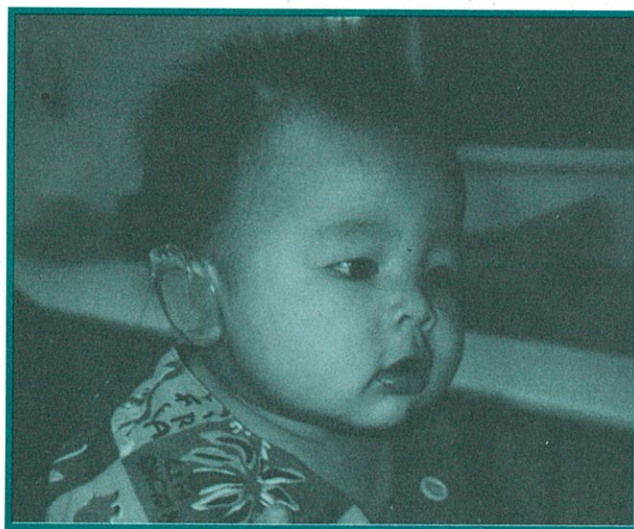
***No child is too young to test
"If residual hearing of the newborn can be confirmed early enough and stimulated in time,
then hearing capacities will not deteriorate. However, if residual hearing is not stimulated,
the auditory system will atrophy."***

Out of 300,000 infants born each year in Taiwan, about one in a thousand, or approximately 300 children have congenital hearing loss. Over 90% of these infants have residual hearing. The 1993 National Institute of Health (NIH) Consensus Report published by the US Federal Drug Administration (FDA) states that one out of every 1,000 infants is born with profound hearing loss (above 90 dB). Professors Jerry Northern and Marion Downs, renowned pediatric audiologists from Colorado, state that in addition to congenital hearing loss, two out of 1,000 children later suffer hearing loss as a result of illness or other causes. There are also children with mild hearing loss whose conditions go untreated.

For human beings, listening and oral communication are an important medium of interaction. Spoken language serves as a bridge of understanding in which we receive information aurally and express our thoughts verbally. Without sufficient auditory stimulation, it is difficult for hearing-impaired children to acquire spoken language. As a result, it is more difficult for children to receive a good education and to achieve economic independence in the future. If hearing-impaired children do not receive the proper attention and care, then they may not be able to reach their full potential as contributing

members of society. Therefore, early detection and intervention will benefit not only hearing-impaired children but their families and society as a whole.

Given modern advances in technology, no infant is too young to have his/her hearing tested. Every newborn should receive audiological assessment. If residual hearing is detected early enough and given auditory stimulation, the child's



Even infants can be fitted with suitable hearing-aids

hearing will not deteriorate. However, if residual hearing is not stimulated, the auditory system will atrophy. The US FDA NIH Consensus Report indicates that critical hearing development occurs before the age of three. If sufficient auditory stimulation is not provided during this critical period, the hearing-impaired child will not be able to reach his/her optimal language capabilities.

If a two month old baby does not respond to the sound of doors closing, hands clapping, music or the crack of thunder, the parents should take this child to an ENT specialist or pediatrician for auditory testing immediately. Once diagnosed with hearing loss, the child should be fitted with proper hearing aids right away. If the child does not have residual hearing, he/she could receive a cochlear implant as early as 18 months of age. With early detection and use of hearing aids or cochlear implants, almost every hearing-impaired child can enter the world of sound. He/she can learn to listen, speak, communicate with others, attend regular schools, receive a complete education, and thereby become independent and participate fully in the hearing world.

I support and advocate a policy that every newborn should receive auditory screening. Early diagnosis will enable us to best utilize residual hearing and begin rehabilitation during infancy. As doctors and parents of hearing-impaired children, we can help them take the first step towards a fulfilling life by testing their hearing at birth. Let's strive together for the future of our children.



生命的樂章

雅文兒童聽語文教基金會執行董事 倪安寧

雅文11個月大時，我發現她的聽力有問題，從此展開一連串求醫療育的歷程。

透過聽覺口語法的訓練，雅文學會聽與說，還會講電話。

為了讓更多聽障兒受惠，「雅文基金會」乃應運而生。

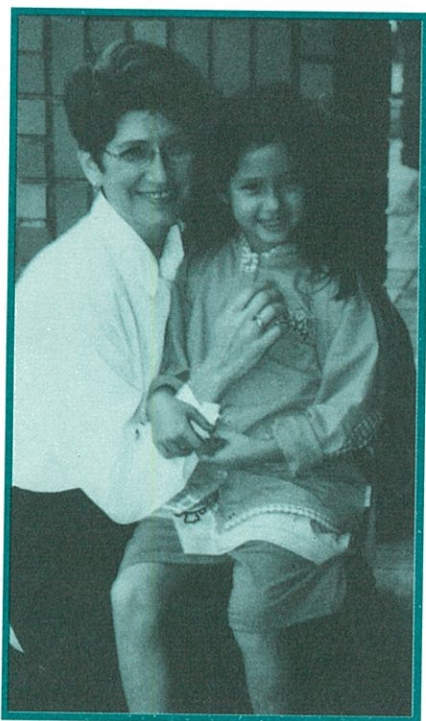
我於1977年由美國來到台灣，從事貿易工作達十年之久。1983年與鄭欽明先生結婚之後，創立了自己的工廠，專門製造生產嬰兒車與攜帶式嬰兒床。

我們第二個女兒雅文出生11個月大時，我心想她怎麼那麼安靜，對再大的聲響也毫無反應？就帶她去榮總檢查，當聽力師說她是極重度的聽障兒之時，我心如刀割。雖然面對此一殘酷的事實是那麼痛苦，但我還是接受它，並下定決心無論如何一定要讓她像正常的小孩一樣健康活潑與開朗。於是，拋開忙碌的工作，花了好多時間和金錢遍訪世界各地的學校和老師。在看過無數的教學方法後，發現茱蒂·辛賽老師(一位擁有三十餘年教學經驗的聽覺口語法教育專家)教出來的學生，能和正常人一樣，用聽與說和別人自然流利的溝通，甚至還可以拿起電話和同學聊天，我不禁自問：他們真的是聽障嗎？

由於大約95%的聽障兒還有可利用的殘存聽力，於是我給小女配戴了很好的助聽器，希望她從此可以聽到外來的聲音。我們還特地請茱蒂·辛賽老師由加拿大到台灣來為小女做評估，才發現她根本不是在95%有殘存聽力的小孩之列。茱蒂老師建議讓小女植入最新科技的人工電子耳。在對開人工電子耳的醫院做了更進一步的了解後，小女兩歲半時，我滿懷希望的帶著她再度啟程到澳洲，準備為她開人工電子耳。在照過X光之後，沒想到醫生竟然宣佈小女是極少數罹患內耳發展不完整的聽障兒，兩耳的耳蝸只有一個小洞(正常的是兩圈半)。這樣的結果真有如晴天霹靂，小女的聽力竟連那剩餘的5%都不到！醫生

說全澳洲從來沒有為這種耳朵植入人工電子耳的經驗，但幾經研究，最後終於同意試試看。很幸運的，手術非常的成功。

回台後，每隔2至3個月，不是我去加拿大就是茱蒂老師到台灣來，輔導我以「聽覺口語法」訓練小女學講話。我們全家人努力不懈，不斷的在她耳邊對她說話，在開刀三個月後，她終於發出了第一



作者(左)與愛女雅文(右)合影

個音，全家人莫不為之驚喜與感動，那種興奮之情我至今還記得一清二楚。茱蒂老師之子也是一個極重度聽障的孩子，在她的教育之下，目前已取得律師資格與MBA學位。雅文在茱蒂老師和我們以聽覺口語法的訓練下，目前六歲的她不但能經由傾聽，開口自然的與人交談，還可以用電話與人聊天呢！

現在她每天有說不完的話，叫她不说也難。她目前就讀於普通學校。

在看到自己的小孩學了這套聽覺口語法，且有如此驚人的效果之後，我們非常希望在台灣的其他聽障小朋友也能和自己的小孩一樣幸運，能在最短的時間之內找到最好的語言教學法，進入有聲的世界，靠自然的聽與說來和別人溝通，長大後可以擁有正常的人生。於是我們在1996年十二月成立了「雅文兒童聽語文教基金會」，並於去年十月在高雄成立了南區分會。我們特地聘請茱蒂老師駐台指導，目前，她已為我們訓練了16位老師。

聽覺口語法是讓聽障兒童透過傾聽學習說話，而不必依賴讀唇和手語。不論在教室裡或任何地方，老師或任何人背對著他說話，他都可以理解。我們採取一對一的免費教學，家長要完全的參與，在教學過程中，也一同學習如何成為孩子的良師。一年來，雅文基金會有很多成功的例子，許多剛到基金會的小孩原本都不會說話，現在已經會說一串完整的句子了，家長與老師都感到無比的欣慰與鼓勵。

為了要密切追蹤孩子的聽力狀況，讓我們孩子的助聽器維持最佳的放大效果，並提供為聽障兒做聽力測試與檢查服務，本基金會自四月份起，於北、高兩中心成立聽力室，並從澳洲聘請具多年經驗的聽力師駐診。

我們深深期盼，在您我共同的努力下，20年後台灣將沒有不會說話的聽障兒童。



TURNING Adversity Into a Blessing

Joanna Nichols, Managing Director, Children's Hearing Foundation

When Alana was 11 months old she was diagnosed with a profound hearing impairment. Her parents searched all over the world for the best method to help her. They chose the A-V approach, through which she learned to listen and to speak. Her success story has led to the establishment of the CHF.

When our second daughter, Alana, was 11 months old, we wondered why she was such a quiet baby, and why she didn't respond even to loud sounds. Examination at the Veteran's Hospital in Taipei confirmed our worst fears: Alana was profoundly deaf.

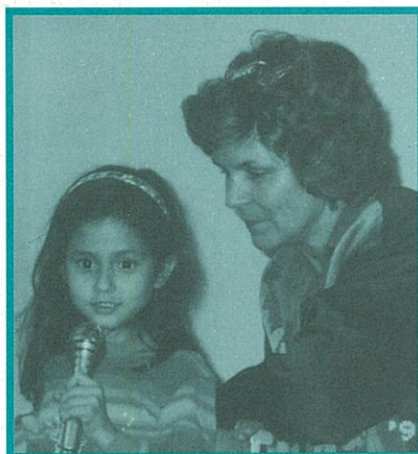
We made up our minds to do everything in our power to ensure that Alana would live as happy and normal a life as possible. Most of all, we wanted her to be able to talk.

Our search for the best method to achieve this began in Taiwan, and continued in Australia, Canada, and the United States. We learned that about 95% of children who are born deaf have useable residual hearing. With appropriate amplification, most of these children can learn to speak fluently. For the five or so percent of deaf children who do not have sufficient hearing to benefit from hearing aids, there is the option of the cochlear implant, a surgically implanted device which stimulates the hearing nerve.

After observing many different schools, teachers and approaches for teaching hearing-impaired children, we met Judy Simser, an Auditory-Verbal therapist with 30 years experience. Her students were able to speak freely with others, and many could even talk on the telephone, something usually impossible for deaf children who must rely on visual cues such as lip reading or sign language to communicate. I couldn't help asking myself, "Are these children really hearing-impaired?"

We invited Judy Simser to Taiwan to do an assessment for our daughter, only to discover that Alana was among the small percentage of hearing-impaired children who are almost totally deaf, and therefore could not learn to listen with hearing aids. This was a shock. However, Judy Simser explained the wonderful results being obtained with cochlear implants, and we began researching hospitals where this procedure was available, as a last hope for Alana to hear. We decided upon Melbourne, Australia, where the

Nucleus device was invented. Again, our dreams were shattered when the pre-operative CT scan revealed that Alana's inner ear (cochlea) had not developed properly and both left and right inner ears were severely malformed. A normal cochlea has two and a half turns where the cochlear implant electrodes are placed, but Alana had only a small hole. Although no one in Australia with such a severe malformation had ever received a cochlear implant, the doctor agreed to try the procedure with Alana as we all agreed there was nothing to lose and everything to gain. It was a joyous day when the audiologist first switched on Alana's implant, and her face registered surprise at the unfamiliar sensation. This was a new beginning for all of us.



Judy and Alana greet members at a parent gathering.

Now that Alana could hear, we worked hard using the Auditory-Verbal approach to teach her to listen and recognize that sound and speech had meaning. Within a few weeks, Alana began responding, for the first time, to her name. A couple months later Alana said her first word. The excitement of that moment is one that I will always remember and treasure as it symbolized, "Everything's going to be all right. She's going to learn to talk."

A parent once told us that a baby with normal hearing must hear a new word thirty-seven times before learning

it, whereas a hearing-impaired child needs to hear it about ten thousand times. Whether the figure is accurate or not, there is no question that a lot of repetition is required. Hence, the whole family faithfully spoke with Alana, repeating over and over the goals Judy Simser established for developing our daughter's listening, speech and language ability. After the first year, Alana's language began to blossom. Now, four years post-implant, Alana attends regular school. Her kindergarten teacher at TAS reports that she often forgets Alana is deaf because she communicates so naturally with everyone, and, as with most children her age, sometimes we cannot get her to stop talking.

After seeing the tremendous progress of our own child with the Auditory-Verbal approach, we set up the Children's Hearing Foundation with the purpose of offering all other hearing-impaired children in Taiwan the same opportunity to enter the world of sound, learn to talk, and to communicate freely with the world at large. Our goal is that twenty years from now, virtually all hearing-impaired children in Taiwan will be able to speak. The CHF board of directors believes lack of funds should never stand in the way of a child receiving needed training, hence all services to deaf children and their families are free. The foundation's southern branch was opened in Kaohsiung in October 1997, and after only six months the need is so great that we are doubling the size of our centers.

During this first year, we have seen numerous cases of children who came to the foundation unable to speak, but are now using sentences. Parents and teachers alike are excited and filled with hope. It has indeed been a blessing, and I thank all parents, staff and friends of the foundation for your involvement. Let's continue working together to make the option of listening and speech available for all Taiwan's hearing-impaired children.



方仲宗

普通幼稚園

那裡開？



一年前，哲威只會叫爸爸、媽媽、爺爺，現在，他會背「三字經」，會數數、會說相反詞，還可以與人自然溝通。暑假過後，他就要上普通幼稚園咯！

“我在基金會學到和孩子說話的方法與技巧簡直是無價之寶，不但哲威受惠，連哲威的姐姐和弟弟在認知與表達方面也受益良多。”

我兒哲威從出生到三歲這段期間，各方面的發展都和普通的孩子一樣，大概就是說話慢一點吧。誰知他竟然會是聽障呢？我永遠也忘不了，台大醫院耳鼻喉科的許醫師證實哲威是個聽障兒時那種錐心之痛。當天離開醫院時，我的心情與腳步就跟懷裡熟睡的愛兒一樣沉重。

從醫院走到火車站，再從台北一直站到竹南，一路上，我不停的想，將來要怎麼教養他呢？難道他這一輩子就真的甚麼也聽不到了嗎？只能讀唇和用手語與人溝通嗎？回家後，我把台大醫院提供的相關資訊看了一遍又遍。接下來的日子，我忙著為哲威選購合適的助聽器並帶他走訪國小附設的啟聰班。最後，我打電話到雅文基金會。接電話的正好是Joanna，她又親切又仔細的跟我解釋甚麼是「聽覺口語法」，並建議我帶孩子一起過去看看。當下我就知道哲威的希望就在雅文，那種感覺真的是「山窮水盡疑無路，柳暗花明又一村。」

哲威是三歲一個月時到基金會上課的，也是基金會第一個學生。老師們親切有趣，活潑生動，寓教

於樂的教學方式深深的吸引了哲威，他非常好學，記憶力又好，加上三代同堂的家人全力配合，時時為他加油打氣，他終於開口說話了。本來他只會叫「爸爸」「媽媽」「爺爺」，現

在，四歲的哲威不只會數數、接電話、唱童謠、背三字經，對於事與物的相關認知也能明確自然的表達出來，例如上、下、左、右、遠、近、高、低——等簡單的相反詞，他就對應得不錯；問他，到公園玩要帶甚麼？他也會從玩具箱裡把要帶的東西一樣一樣拿出來，並且叫出名字。

若問一年的時間有多寶貴，我想雅文基金會的老師和家長們都清清楚楚。一年來，每週一次，我帶著哲威風塵僕僕地由竹南到台北接受一對一而且完全免費的聽覺口語法訓練，來回一趟固然辛苦，父子之間卻無話不說，更加貼心。我們一起看窗外變化無窮的風景，一起談形形色色的人與物，一起唸三字



哲威（左一）與父母及姊姊合影

經，一起讀圖畫書，累了便一起呼呼大睡。三百多個日子飛也似的過去，哲威學習，我也學習，哲威進步了，我也進步了。我在基金會學到和孩子說話的方法與技巧簡直是無價之寶，不但哲威受惠，連哲威的姐姐和弟弟在認知與表達方面也受益良多。

暑假過後，戴著助聽器的哲威就要上普通幼稚園了，將來他要走的路還很長，要克服的困難還很多，但是我們都對他充滿信心，也會持續不斷的為他加油。我們非常感謝基金會為哲威與其他聽障兒所做的一切，希望政府能編列經費，補助像雅文這樣的機構，使它可以永久存在，讓更多聽障兒童學會聽與說，開創美好人生。



A Parent's Reflection

J.K. Fang

In one year, J.W. progressed from only saying single words like Mama, Papa, and Grandpa to being able to recite poetry, count, sing, and communicate naturally with other people. Soon he will be starting regular kindergarten!

From the time he was born until he was three years old, my son J.W. acted just like a normal child. My only concern was that he was just a little slower than most in learning how to speak. Who would have guessed he was hearing-impaired? I will never forget how I felt the day Dr. Hsu at National Taiwan University Hospital diagnosed my son with a hearing impairment. Walking out of the hospital with my sleeping son in my arms, my heart felt heavier than the 20 kg. boy I was holding.

From Taiwan University Hospital to the train station, and all the way from Taipei to Chunan, I stood holding my son and thinking, "How in the world will I be able to raise a hearing-impaired child?" "Will he never be able to hear anything his whole life?" "Will he only be able to communicate through sign language and lip reading?" As soon as I arrived home, I read and re-read the information I received from the hospital.

Beginning the next day, I took my son to be fitted for hearing aids and visited many elementary schools' special education programs. Finally, I called the Children's Hearing Foundation. The person who answered the phone was Joanna Nichols. In a very kind and clear manner, she explained the Auditory-Verbal approach and invited me to bring my son to the foundation. From that moment, I knew J.W.'s future lay with the Children's Hearing Foundation. It was as if a ray of light entered my world of darkness.

J.W. was 3 years and one month

old when he first went to the foundation. He was actually the **Children's Hearing Foundation's first student.** J.W. liked the many games his Auditory-Verbal teacher used and found her active teaching methods interesting. Therefore he loved learning to speak, and because he had a very good memory and received the continuous encouragement of his extended family, he progressed quickly. At age three, before Auditory-Verbal therapy, all he could say was, "Papa," "Mama," and "Grandpa." Now, after one year, J.W. can count, sing, recite poetry, and even talk on the telephone. He also



J.W. and his father with CHF teacher Amy Chen

knows antonyms, like "up, down, left, right, far, near, high, low, ...etc." He can clearly express his ideas.

I think that the parents and teachers at the Children's Hearing Foundation understand how precious one year is. For one year, once a week, I have taken my son J.W. from Chunan to the Children's Hearing Foundation in Taipei to receive one-

on-one Auditory-Verbal teaching, absolutely free. The journey from Chunan to Taipei and back can be time-consuming, but we have made use of the opportunity to spend quality language learning time together. We look out of the train window to admire and discuss the passing scenery, read picture books together, learn poetry, and fall asleep together when we are tired. In this way, one year has flown by very quickly. J.W. has been learning; I have also been learning. J.W. is improving; I am improving, too. The teaching methods and parenting skills I have learned at the Children's Hearing Foundation are valuable treasures that have not only helped J.W., but have benefitted his brother and sister in their language studies and self-expression as well.

Now, four-year-old J.W. can speak naturally with everyone, and after summer vacation, he will begin regular kindergarten. Though hearing-impaired, J.W. is growing up learning to listen and talk, and J.W.'s family and teachers have great confidence that he has a full, bright future ahead. I speak for my whole family when I say that I am very

thankful to the Children's Hearing Foundation for everything they are doing for J.W. and other children like him. I hope that the government and others will support the Children's Hearing Foundation to enable it to help an even greater number of hearing-impaired children learn to listen and speak and become capable, self-sufficient adults.

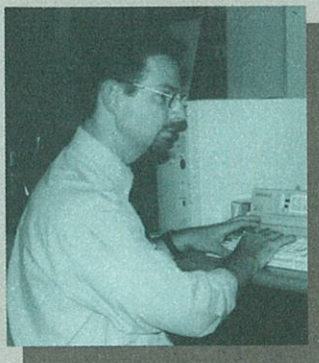
雅文快訊

雅文兒童聽語文教基金會 提供聽力檢查的服務

好消息！雅文兒童聽語文教基金會，自四月六日起即可提供聽覺管理服務的項目。Mrs. Sharon Bruna, 來自澳洲的聽力師 (B. Sp. Path., Dip. Aud. Australia), 最近剛加入雅文的工作行列，將長期在台為基金會的小朋友服務。



聽力師 Sharon Bruna



聽力師 Rod Hollow

另自四月至七月間，Mr. Rod Hollow, 同樣來自澳洲的聽力師並且是人工電子耳方面的專家，將協助基金會建立更完善的聽覺管理系統。其中包括：

- * 聽能評估
- * 助聽器的選配及評估
- * FM系統的選配及評估
- * 聽能方面的諮詢輔導並提供家長相關資訊

聽障兒童在學習聽覺口語法的過程中，擁有合宜的聽覺管理是相當重要的。配戴的助聽器如能達到最理想的狀況，可以使聽障孩童將他們的剩餘聽力做到最好的發揮，進而幫助聽和說話方面的學習。

雅文兒童聽語文教基金會所提供此項聽覺管理服務，完全不收取任何費用。

The CHF is happy to announce that an in-house audiological service was commenced on April 6th 1998.

Mrs. Sharon Bruna, an Australian audiologist (B. Sp. Path., Dip. Aud. Australia), recently joined the team at the foundation in a full time, permanent position.

From April to July Mr. Rod Hollow, also an Australian audiologist and a cochlear implant specialist, will be assisting in establishing a comprehensive audiology service including:

- *Audiological evaluation
- *Hearing aid fittings and assessments
- *FM system fittings and assessments
- *Audiological counseling and parent education

Appropriate audiological management of hearing impaired children is crucial in the Auditory Verbal method. Optimization of aid fittings will allow the children to make the best use of their residual hearing in learning to listen and talk.

The audiological services are provided by the foundation free of charge.

問與答

Q：如何保養助聽器？

A：

1. 避免掉落助聽器
2. 避免助聽器暴露在高溫中
3. 存放在安全乾燥的地方或使用乾燥盒以保持乾燥
4. 不要使用任何清潔液清洗助聽器，只清洗耳模部份即可
5. 電池放在安全乾燥的地方，避免讓小孩拿到；電池含有毒性，避免吞食
6. 耳模應每三天清洗一次，如有需要，可多洗幾次把耳模從助聽器上拆下後，用溫肥皂清洗(最好是採用抗菌肥皂)，把耳模完全晾乾後，用吹氣球清除溼氣或耳管中之異物，最好是利用晚上清洗耳模並將它晾乾。
7. 檢查耳模和耳鉤是有對準；耳管有無損壞
8. 用電池測試器檢查電池是否有足夠的電，如不確定就換一新電池
9. 檢查音量鈕是否設訂在所建議之音量處
10. 檢查助聽器是否設訂在(M(而不是在(T
11. 檢查耳管是否有漏洞：把音量開至最大時，應該會有回音(如果沒有則檢查電池)用手指去按住耳模上的孔後，回音應會消失，假如此聲音未能消失的話，則表示有漏音產生。
12. 檢查助聽器的聲音情況是非常重要的，在讓孩子戴上助聽器之前，定期檢查電池和戴上聽診器或自己個人的耳模，用林氏六音(ㄇㄣ ㄩ ㄣ ㄊㄣ)測試助聽器的聲音情況。



Q & A

Correct Care of Hearing Aids:

1. Avoid dropping the hearing aid.
2. Never expose the aid to high temperatures.
3. KEEP THE AID DRY!
4. Store in a safe dry place or use dry-aid kits.
Avoid contact with water. Wash ear-mould only.
Do not use solvents to clean your aid.
5. Store batteries in a safe dry place out of the reach of children. Batteries can be toxic if swallowed.
6. Mould cleaning should be done regularly every 3 days or more if needed. Detach mould from hearing aid and wash in warm soapy water (preferably with an anti-bacterial soap). Dry mould thoroughly and use ear-mould blower to remove moisture or foreign bodies from tubing. Clean moulds preferably at night to allow them to dry overnight.
7. Check that mould and ear-hook are properly aligned with no twists in tubing.
8. Check battery with battery tester. If in doubt, try a new battery in the aid.
9. Check that volume is set to the recommended level.
10. Check that aid is set to M and not on T.
11. Check for holes in tubing. Turn aid on with volume on maximum. Aid should whistle (if not check battery). Block the sound bore with finger and aide should stop whistling. If not, the sound is leaking. Check tubing and ear-hook for cracks or holes.
12. LISTENING CHECKS ARE VERY IMPORTANT.
Before fitting aids to your child, routinely check batteries and do listening checks with stethoclips or personal ear-mould using Ling 6 sound test. ("mmmm," "oooo," "ahh," "eeee," "shhh," "sssss")

南區高雄中心簡介

為嘉惠南台灣地區的聽障兒童及其家庭，本基金會於民國八十六年十月在高雄成立了南區中心，積極投入長期免費幫助聽障兒童，以聽覺口語法學習聽與說的教學與相關服務。

本中心目前共有七位受過專業訓練的聽覺口語老師，一間聽力室，五間隔音之聽覺口語治療室，在這不到半年的時間，已有近百位接受訓練的聽障兒童明顯的進步中。

本中心社工除了深入幫助及了解南區中心的家長各項問題之外，也將辦理各類成長活動及提供社會福利服務。

南區中心電話：(07)215-0626 傳真：(07)216-1162

地址：高雄市中正4路148號7F



活動預告

(1) 本會將於六月十三，十四日假台北榮民總醫院第二會議廳與中華民國聽力語言學會合辦「聽障兒童的臨床診斷與教育安置」研討會，本研討會主要探討「如何讓聽障兒童成功回歸」，「臨床聽力診斷」，「發展說話和語言基本要素」及「內耳的生理功能」。主講人為來自美國及加拿大的 Dr. Carol Flexer, Ms. Judith Simser與劉殿楨博士（現任台大耳鼻喉科主治醫師）歡迎踴躍參加。

(2) 另本會將於六月九、十，十八日分別假國立台灣師範大學，國立高雄師範大學，台中榮總舉辦三場研討會主題為「如何讓聽障兒童成功回歸」，主講人為 Dr. Carol Flexer 與 Ms. Judith Simser。

(3) 報名方式：1. 凡聽語學會會員或醫療人員皆可向聽語學會報名參加
2. 凡從事特殊教育工作者之老師或其他相關人員可向雅文基金會報名參加 電話：02-2827-4500 ext. 214

(4) 報名期間：即日起至 6 月 5 日，採通訊報名。

您可知道，您的愛心捐助，將改變一個聽障兒的一生！

財團法人雅文兒童聽語文教基金會愛心捐助辦法

- | | | |
|--|----------|---------------|
| • 永久贊助會員 | 一次捐助NT\$ | 200,000元 |
| • 贊助會員 | 一次捐助NT\$ | 70,000元 |
| (據估計一個聽障兒童來雅文上課的教育成本是一年新台幣七萬元，贊助會員即每次贊助認捐一位聽障兒童) | | |
| • 雅文之友 | 每月捐助NT\$ | 2,000元 |
| • 織音天使 | 每月捐助NT\$ | 1,000元 |
| • 快樂捐助人 | 每月捐助 | 不拘 或(不定期,不定額) |

您的愛心捐助一年達新台幣壹萬元者，本基金會除開立正式捐款收據外，並將敬致感謝狀；

每年認捐一位聽障兒童的贊助會員，本基金會除開立正式捐款收據外，並將敬致感謝獎牌；

永久的贊助會員，本基金會除開立正式捐款收據外，會員大名將榮登於雅文基金會愛心榮譽榜

財團法人雅文兒童聽語文教基金會劃撥帳號：
19992108號
18927390

Your gift will change a hearing-impaired child's life!

Join with the Children's Hearing Foundation (CHF) in one of the following ways today!

- | | | |
|---|--------------------|--------------|
| • Lifetime Patron | with a donation of | NT\$ 200,000 |
| • Sponsor | with a donation of | NT\$ 70,000 |
| (The cost of teaching one child for one year is NT\$ 70,000.) | | |
| • Friend | with a donation of | NT\$ 2,000 |
| • Partner | with a donation of | NT\$ 1,000 |
| • Supporter | with a donation of | any amount |

In appreciation of your support:

The CHF will send an official certificate, in addition to a receipt, to anyone whose total donations for one year reach NT \$10,000.

The CHF will give a plaque, as well as a receipt, to those sponsoring more than one child per year.

The names of each Lifetime Patron will be engraved on a large plaque to be hung in a place of honor at the Foundation.

Donations may be sent by credit card, cash, check, or remitted directly to the CHF PO account No. 19992108
18927390

雅文基金會網頁網址

www.geocities.com/heartland/estates/7805/

台北雅文中心的網址

chfndatn@top2.ficnet.net.tw

高雄雅文中心的網址

hearfund@ms19.hinet.net.tw

雅文聽語文教基金會

是一個免費教聽障兒童
聽與開口說話的文教機構



我們的服務項目：

1. 免費提供學齡前聽障兒一對一聽覺口語學習課程。
2. 本會聽障兒可免費接受特聘專業聽力師聽力檢查及建立聽覺管理系統。
3. 定期舉辦家長研討會，並成立圖書室供家長借閱聽障教育方面的書籍與錄影帶。
4. 提供專業社工諮商。
5. 提供早期使用助聽器或人工電子耳之補助及相關資訊。
6. 資助家境清寒之聽障兒童獲得適當的聽覺輔助器材(助聽器或人工電子耳)。
7. 培訓聽覺口語法之專業人才。
8. 幫助聽障兒童成功的回歸普通學校，並提供本會資源給相關學校與老師參考。

國內郵資已付

北投郵局

許可證

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發行人：鄭欽明
發行所：財團法人雅文兒童聽語文教基金會
會址：台北市石牌裕民六路128號3F
TEL: (02) 2827-4500
FAX: (02) 2827-4555

郵政劃撥帳號：19992108號
18977390

高雄中心：高雄市中正四路148號7樓

TEL: (07) 215-0626

FAX: (07) 216-1162

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