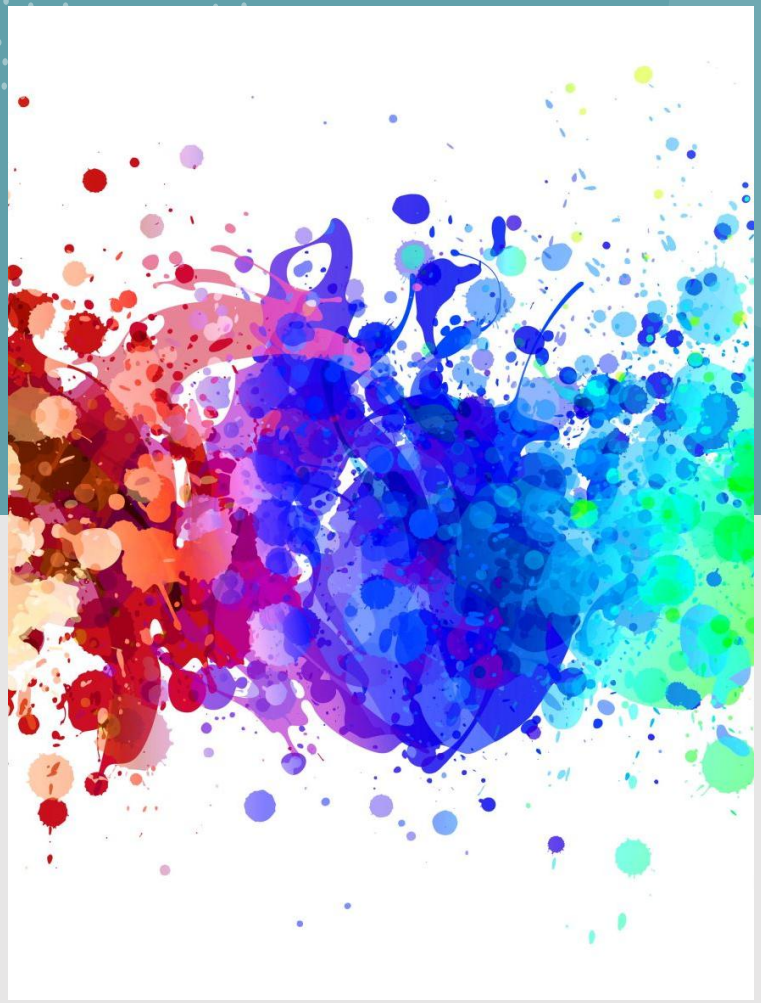
Parent Power: At the HEARt of It ALL!



Donald M. Goldberg,

Ph.D., CCC-SLP/A, LSLS Cert. AVT

75th Anniversary Celebration
Montreal Oral School for the Deaf /
Re'sonance Montre'al

November 2025

Disclosures

Donald M. Goldberg, Ph.D.

- Receives compensation as a Contract Staff/Professional Staff member of the Cleveland Clinic, Section of Audiology / Hearing Implant Program (HIP)
- Will receive expenses and honorarium from MOSD for today's participation

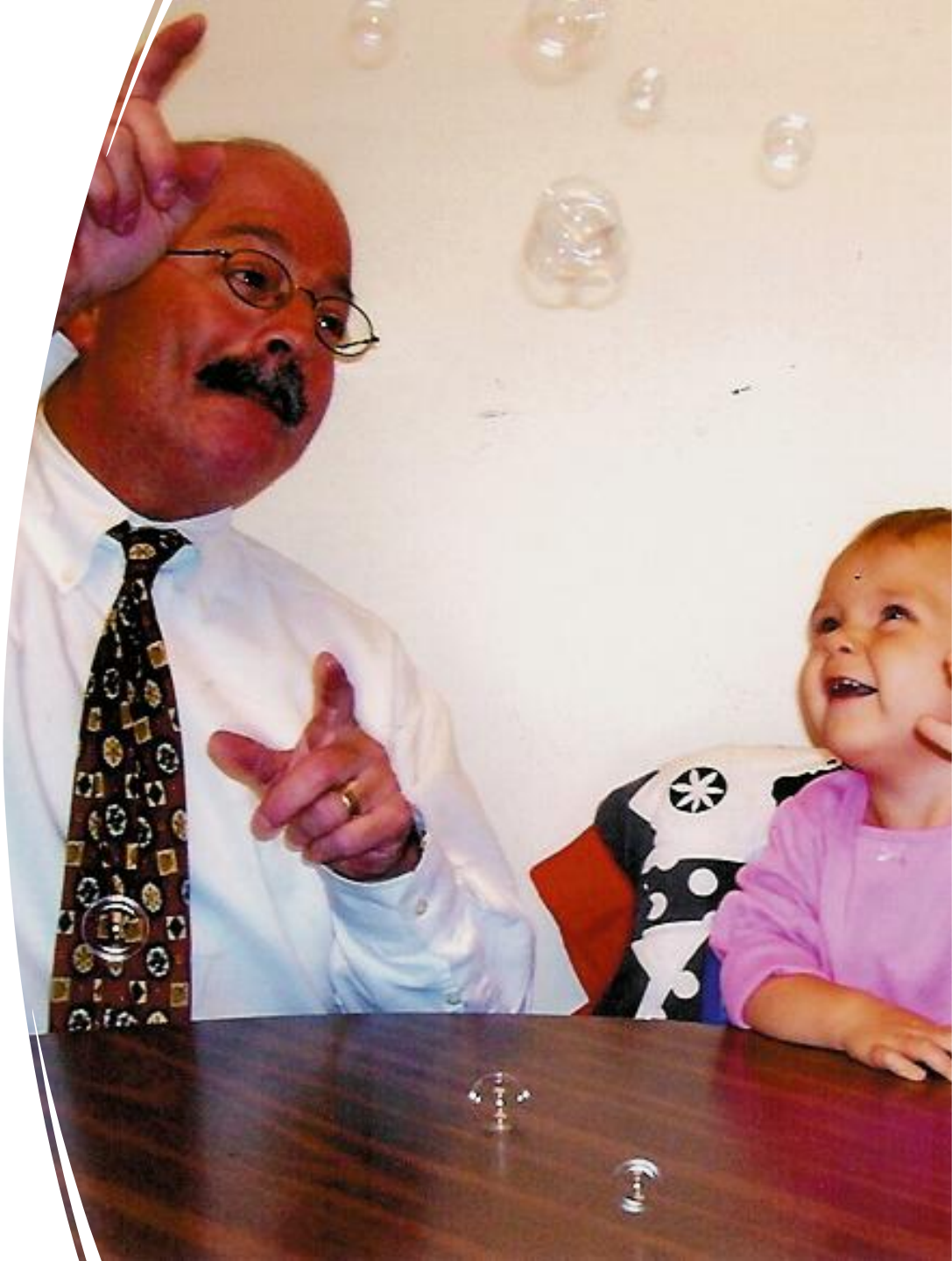
- Past President, AGBell Association for the Deaf and Hard of Hearing
- AGBell Representative to the Joint Committee on Infant Hearing (JCIH)
- Past President, AG Bell Academy
- Advisory Panel member, *Regeneron*

- Author, *Test of Auditory Functioning* – Blue Tree Publishing (Edmonds, WA, USA)

Topics

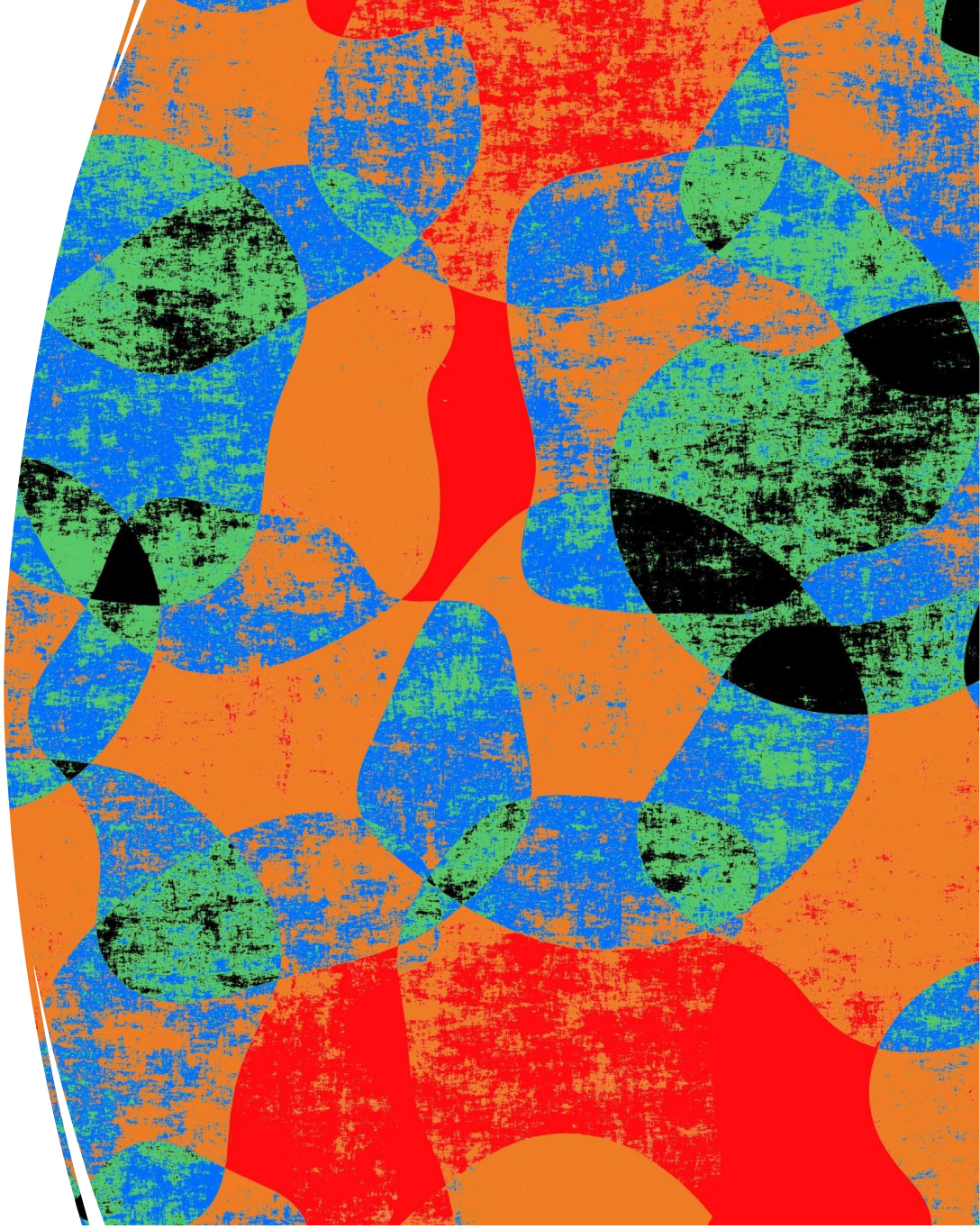
- Introduction
- Then and NOW!
- Early History
- Early "AUDITORY" Otologists
- 20th Century Auditory Pioneers
- Other Auditory Leaders
- "PARENTS Rock" and It Takes a TEAM!
- Then and Now: Age of Hearing Loss Identification
  - High Risk Registries to UNHS
  - Testing & Technology
- What PARENTS Need to Know:
  - Acoustics
  - Audiology
  - Speech Perception
  - *Test of Auditory Functioning*
- PARENTS – The *most* important teacher!

The Sky Is The Limit!



Then

(EARLY HISTORY
& circa 1950)



Now

2025 and beyond…

Earliest History

Pollack said, “All Past Is Prologue”(1970)

- Archigenes in the First century used a hearing trumpet to amplify sound
- Alexander the Great used a hearing trumpet in the Sixth Century
- Ernaud, in 1761, described analytic exercises to teach persons who were deaf
- Pereire, also in 1761, said total deafness did not exist
- In 1802, Itard stated that the deaf could be trained to hear words
- Toynbee, in 1860, wrote about the “auditory power” of some deaf persons who could be trained to hear their own voices and modulate their speech.

History: M.D./s (Otologists)

Viktor Urbantschitsch (1847-1921)

Max Goldstein (1870-1941)

Emil Froeschels (1885-1972)

Henk Huizing (1903-1972)

Viktor Urbantschitsch

* An Austrian otologist.

* Argued that small remnants of hearing stimulated sufficiently and early, could lead to the development of spontaneous speech and spoken language (Duncan & Rhoades, 2xxx).

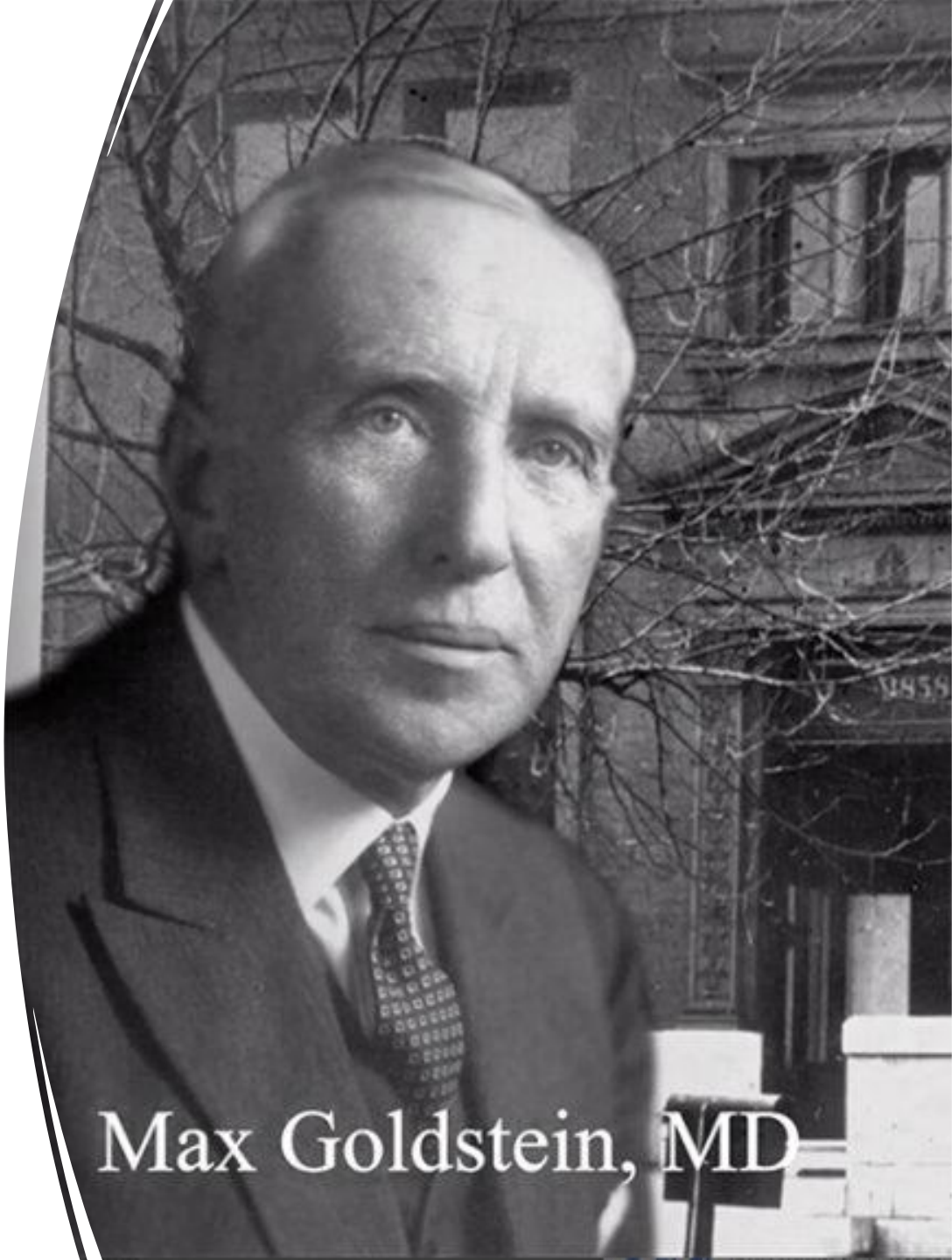
* “Auditory gymnastics” (Goldstein, 1920).

"Auditory training for deaf mutism and acquired deafness". Washington, D.C. : Alexander Graham Bell Association for the Deaf, (1982). Translation of: *Über Hörübungen bei Taubstummheit und bei Ertaubung im späteren Lebensalter*, [by V. Urbantschitsch] translated by S. Richard Silverman.

* An American otologist who studied under Urbantschitsch while in Vienna.

* Authored the seminal paper --*The Acoustic Method* (1939)

* Founded Central Institute for the Deaf, St. Louis, MO, USA.



The Acoustic Method For the Training of the Deaf and Hard-Of-Hearing Child

By **Max A. Goldstein**

Published by *The Laryngoscope Press*, St. Louis, 1939

Emil Froeschels

* Austrian physician
* Student of Urbantschitsch
* Coined the term “logopedics” – the study and treatment of speech disorders
* Moved to US and initially worked with Goldstein
* Relocated to NYC
* Worked with Helen H. Beebe as her teacher and mentor (Beebe et al., 1984)
- Focused on stuttering (treatment labeled the “Chewing Approach”) children with hearing loss

Froeschels photo coming!

Henk Huizing

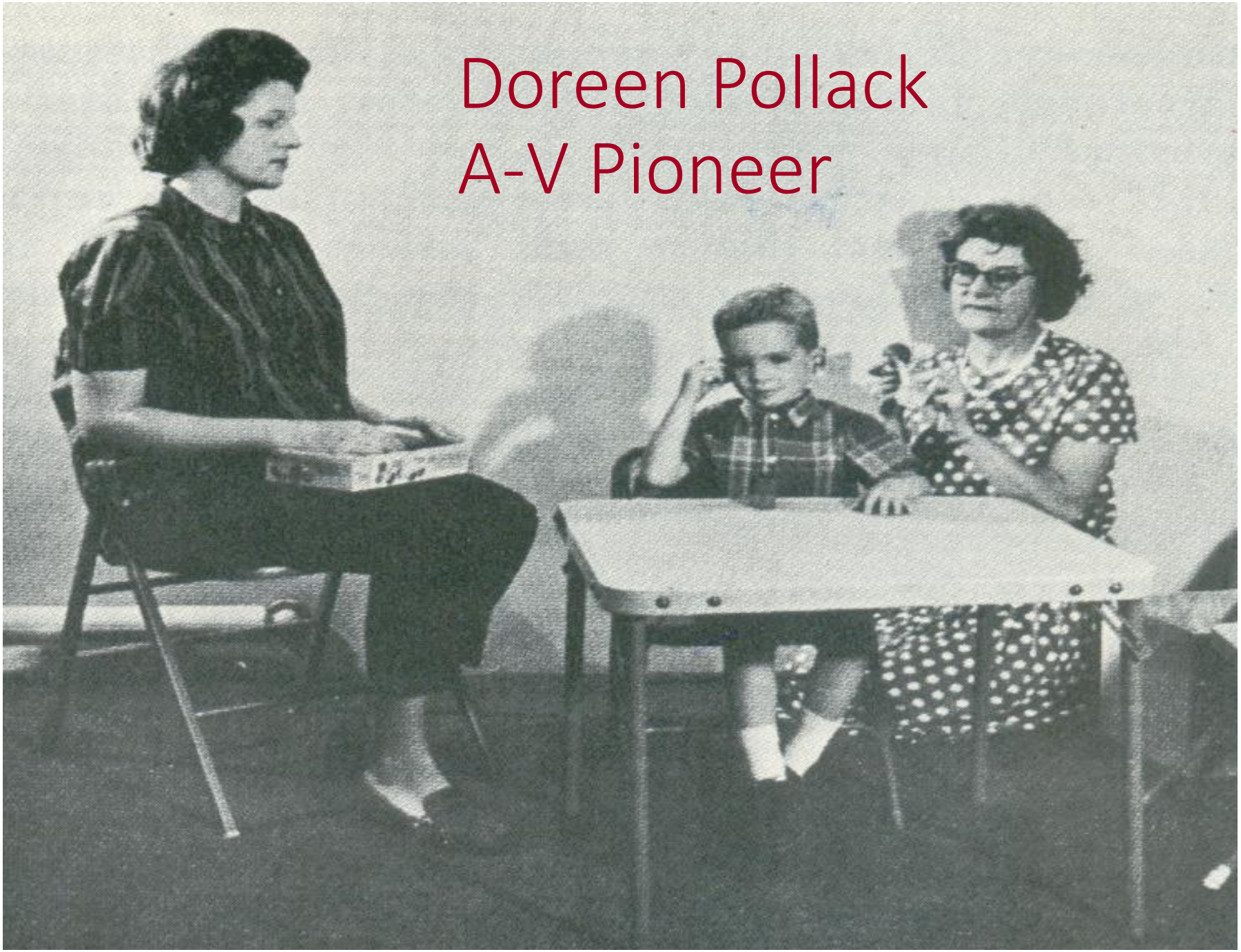
* Dutch otologist
* In the early 1940s, met and worked with Doreen Pollack at Columbia Presbyterian Medical Center in NYC
* Reported that ”Acoupedics” was originally practiced in Holland
* In 1951, described this method of teaching young children with hearing loss (Pollack, 1970)

History: Twentieth Century Pioneers

- Helen Hulick Beebe (1908-1989)
- Doreen Pollack (1921-2005)
- Ciwa Griffiths (1911-2003)
- Edith Whetnall, M.D. (1910-1965)
- Daniel Ling (1926-2003)
- Agnes (“Nan”) Ling Phillips

Helen Hulick Beebe

- Trained as a Speech-Language Pathologist and Teacher of the Deaf
- Mentored by Emil Froeschels, MD
- *Unisensory* Approach
- A Founder and First President of ICAVC / AVI
- Authored -- *A Guide to Help the Severely Hard of Hearing Child* (1953)
- Easton, PA, USA


Doreen Pollack
A-V Pioneer

Doreen Pollack

- Trained as a Speech-Language Pathologist & Audiologist
- Born in UK
- Worked at Columbia Presbyterian Hospital with. Edmund Fowler, M.D. and Henk Huizing, M.D. (NYC)
- Relocated to Denver, CO, USA (Porter Memorial Hospital)
- *Acoupedic* Approach (Acoustic / Pediatric)
- Authored the seminal text – *Educational Audiology for the Limited Hearing Infant and Preschooler* (1970/1st ed.) (2nd ed. 197x; 3rd ed. 1987)

Ciwa Griffiths, Ph.D.

Ciwa photo coming!

Ciwa Griffiths, Ph.D.

- Trained in Audiology and Education (1955)
- Born in Fiji (and lived in Australia, New York, and California)
- Met and worked with Whetnall in London (1953/1954)
- Began the HEAR Foundation/Center (California)
- *Auditory* Approach (term also used by Fry and Whetnall)
- Advocated PARENTS involvement in *listening sessions*
- Promoted mainstream placement of children with hearing loss in schools
- As early as the 1940s, fitted some babies and toddlers wearing hearing aids
- Initiated two International conferences (1974 / 1979) (Meeting of Griffiths, Pollack, & Beebe)
- Authored -- *Conquering Childhood Deafness* (1967);

Edith Whetnall, M.D.

- UK-based
- Trained as an otologist and pediatric audiologist
- Mentor of Ciwa Griffiths

Whetnall photo

Doreen Pollack/Helen Beebe/Ciwa Griffiths/ Edith Whetnall

"Contemporary pioneers of A-V Practice" (Rhoades & Duncan, 20xx)

All four

(1) Emphasized training the residual hearing of children. with hearing loss

(2) Involved PARENTS in early intervention/teaching

(3) Encouraged placement of these children into the mainstream

(4) All 4 Pioneers worked with children with hearing loss. who were fitted with hearing aids as early as possible

(Duncan & Rhoades, 20xx)

Daniel Ling, Ph.D.

Daniel Ling, Ph.D.

- Born in UK and relocated to Canada.
- Served as a professor of Graduate Studies in Aural Habilitation at McGill University from 1973 to 1984. Following his tenure at McGill, he held the position of Dean of the Faculty of Applied Health Sciences at the University of Western Ontario from 1984 to 1991.
- Ling's contributions were formally recognized in 1999 when he was made an Officer of the Order of Canada. He was also granted Canadian armorial bearings in 2001.
- In the early 1980s, ventured into the art of violin-making.
- Prolific researcher and author – *Speech and the Hearing Impaired Child* (197x); *Foundations of Spoken Language* (198x); *Aural Rehabilitation* (1970, with Agnes Ling Phillips); among others.
- Credited with the term *Auditory-Verbal*

History: Colleagues of the Pioneers

- Antoinette Goffredo (“Guffy”) -- worked with “Beebe”
- Marian Ernst – worked with Doreen Pollack

DMG's Listing:

Other Auditory-Verbal/ LSLS Leaders

Susann Schmid-Giovannini (Austria & Switzerland)

Louise Crawford (Canada)

Judy Simser (Canada)

Warren Estabrooks (Canada)

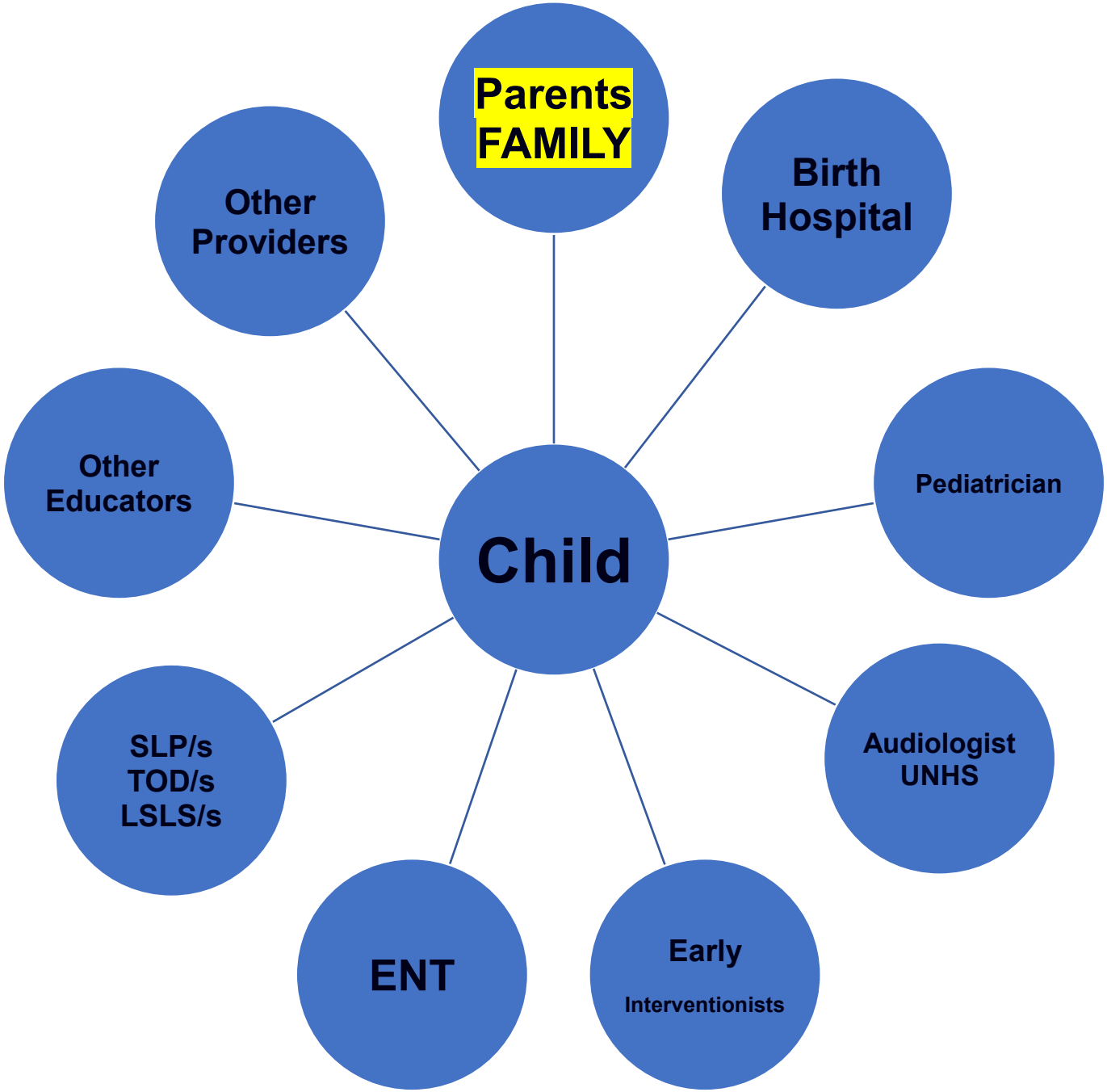
Other Friends & Colleagues

Nancy Caleffe-Schenck

Sally Tannenbaum

& so many others!

Parents “Rock”


Parents
FAMILY
Birth Hospital
Pediatrician
Audiologist
UNHS
Early
Interventionists
ENT
SLP/s
TOD/s
LSLS/s
Other Educators
Other Providers
Child

Parents

- “Traditional” – Mother & Father (2 Parents)
- Same-Gender Parents (2 Parents)
- Single-Parents
- “Blended” Parents
- Grandparent/s Raising Infants+
- ”Nannies’ // Au Pairs

Families

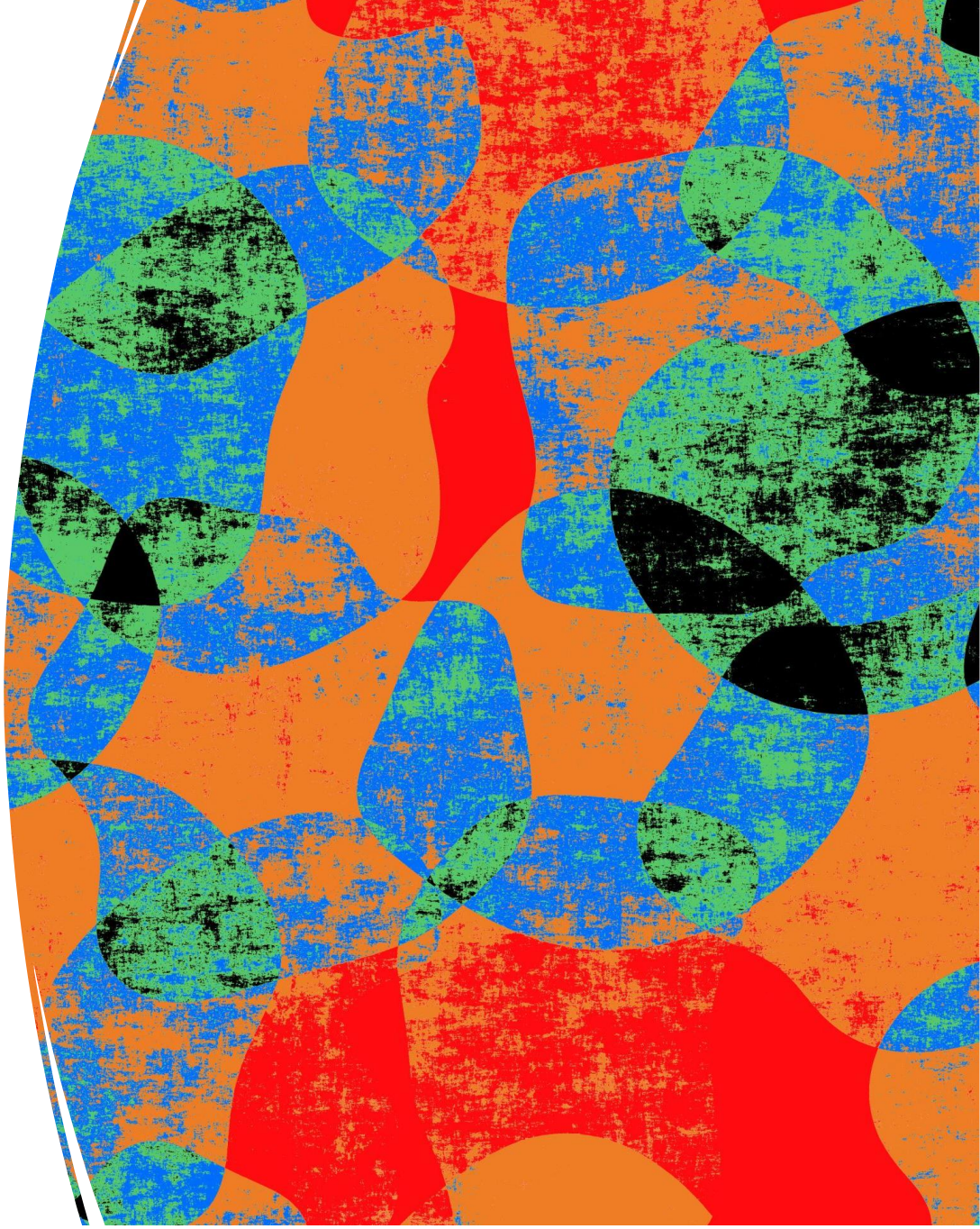
- Single-Child
- Multi-Child
- ”Blended” Families & Children
- Multi-Generational Homes

- Single-Child
- Single-Gender children
- Mixed –Gender children

- Birth Order

Then

(EARLY HISTORY
& circa 1950)



Now

2025 and beyond…

Age of Hearing Loss Identification: Before UNHS

The critical need to identify children with hearing loss and provide treatment at the earliest possible age has become increasingly apparent in recent years (Northern & Downs, 1978).

High Risk Registries for Selective Newborns

High Risk Factors for Hearing Loss

Genetic Factors

- **Family history:** A family history of permanent childhood hearing loss is a major indicator.
- **Genetic syndromes:** Some genetic conditions are linked to hearing loss, such as Down syndrome.

Maternal Infections (In Utero)

- **Viral or parasitic infections:** Infections like cytomegalovirus (CMV), herpes, rubella, Zika, and toxoplasmosis can be passed to the baby during pregnancy.

Birth Complications and Neonatal Care

- **Prematurity and low birth weight:**
- Babies born too early or with low birth weight have a higher risk of hearing loss.
- **Prolonged NICU stay:**
- Spending more than five days in the neonatal intensive care unit (NICU) is a known risk factor.
- **Need for ventilation or oxygen:**
- Prolonged need for assisted ventilation or oxygen can be a factor.
- **Severe hyperbilirubinemia:**
- Jaundice that is severe enough to require an exchange transfusion is associated with hearing loss.

High Risk Factors for Hearing Loss

Postnatal Complications

- **Infections:**
- Meningitis (a bacterial infection of the brain and spinal cord) is a significant cause of acquired hearing loss.
- **Head injury:**
- A severe head injury requiring hospitalization can lead to hearing impairment.
- **Ototoxic drugs:**
- Medications like some aminoglycoside antibiotics and loop diuretics, which are toxic to the ear, increase risk.

Other Factors

- **Craniofacial anomalies:**
- Birth defects of the head and neck are associated with an increased risk of hearing loss.
- **Parental concern:**
- Any parental or caregiver concern about a baby's hearing is considered a risk factor and warrants further evaluation.

Risk Factors for Early Childhood Hearing Loss: Guidelines for Infants who Pass the Newborn Hearing Screen (JCIH, 2019 // Table 1)

- TEXT coming!

Hearing Screening / Testing Equipment

- Warblet
- Galvanic Skin Response testing

Photos/Text coming!

Audiometric Test Battery TODAY

- Otoscopy
  - visual inspection eardrum and ear canal
- Tympanometry
  - test of middle ear function
- Acoustic Reflex
- Otoacoustic Emission (OAE) Testing
  - test of outer hair cell function in inner ear (cochlea)
- Auditory Brainstem Response (ABR) Testing
  - provides info about inner ear and brain pathways for hearing
- Behavioral Test
  - method of testing varies by age of patient

Behavioral Testing

- **Conventional Audiometry**

  (~ 5 years+*)

- **Conditioned Play Audiometry**

  (~ age 2/3 to 5 years*)

- **Visual Reinforcement Audiometry**

  (~ age 6 months to 2 years*)

- **Behavioral Observation Audiometry**

  (below 6 months*)

* Refers to developmental ages

Auditory Electrophysiologic Testing

Otoacoustic Emission (OAE) Testing

- **Measurements obtained from ear canal with probe**
- **Records cochlear responses to acoustic stimuli**
- **Reflects status of peripheral auditory system extending to the cochlear outer hair cells**
- **Will NOT identify Auditory Neuropathy**

OAEs – Pros & Cons

- Pros of OAEs
  - Frequency-specific
  - Present at birth
  - Infant can be awake for testing
- Cons of OAEs
  - Only provides info. about OHC status
  - Requires normal middle ear function
  - Response altered by ambient noise
  - Does not indicate degree of hearing loss

Auditory Brainstem Response (ABR) Testing

- **Measurements obtained from surface electrodes**
- **Records neural activity in cochlea, auditory nerve, and brainstem in response to auditory stimuli**
- **Reflects status of peripheral auditory system, 8th nerve, and brainstem auditory pathway**
- **Will identify Auditory Neuropathy**

ABR – Pros & Cons

- Pros of ABR
  - Indicates degree of hearing loss
  - Assesses greater area of the auditory pathway
  - Various stimuli options
- Cons of ABR
  - Assesses only synchronous neural function
  - Infant must be asleep for testing

Hearing Loss Statistics

- Prevalence of HL in infants:
  - 1-3 per 1000 live births
- Prevalence of HL in school age children:
  - 30 per 1000

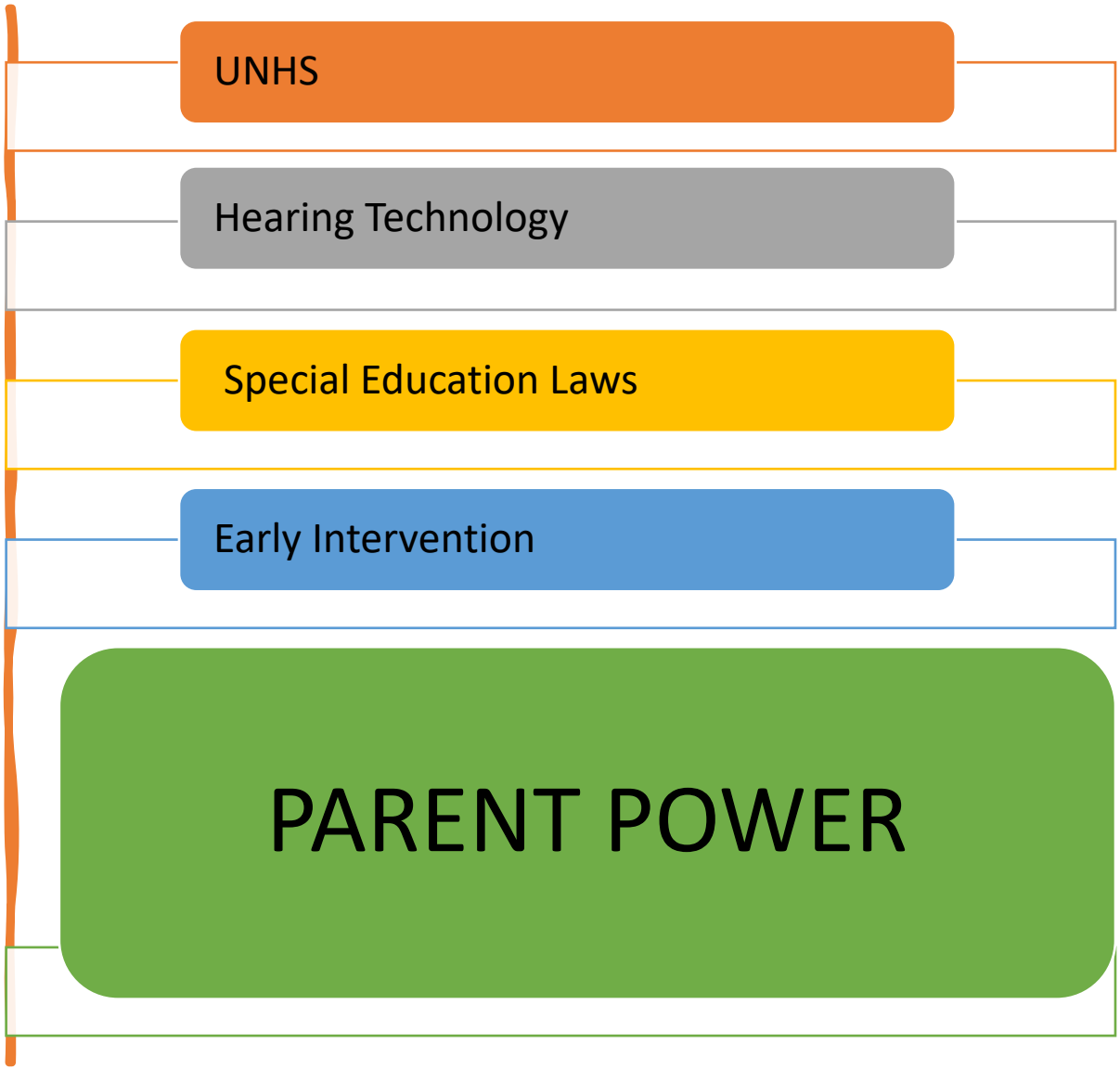
- ~15% of children between the ages of 6-19 years have a measurable hearing loss in at least one ear.

- ~40% of children with hearing loss have one or more other developmental disabilities (for example , cerebral palsy, intellectual disability, or vision loss.

- A mild hearing loss can cause a child to miss as much as 50% of classroom discussion

The "Changing Landscape of Deafness"

(Goldberg, 20xx)



Universal Newborn Hearing Screening

~98% of infants born in hospitals in the US are screened for hearing loss.

<u>Who is Missed?</u>

- Non-hospital births
- Parental refusals
- Progressive hearing loss
- Acquired hearing loss (due to illness for example)
- Late onset of hearing loss

What Happens Next?

Hearing Sensory Technology: Then

- Body Aids (often positioned in a harness at the chest level)
- Y-Cord ("pseudo-binaural" amplification)
- In the late 1970s -- Behind-the-Ear Hearing Aids (HA/s)
- Auditory Trainers (sometimes desk-mounted)

Hearing Sensory Technology: Now

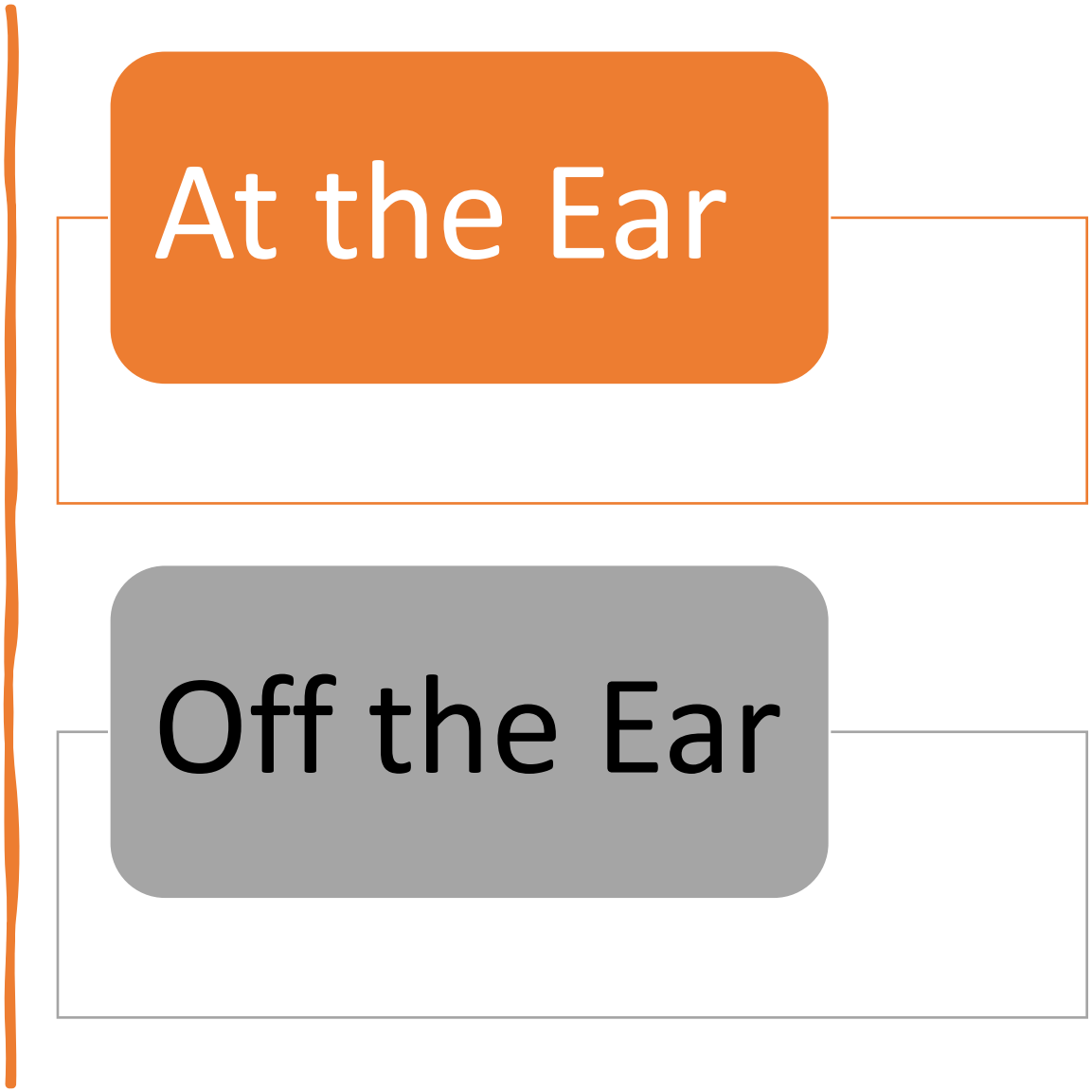
- Digitally Programmable Hearing Aids:
  - BTE/s
  - Receiver-in-the-Canal (RIC/s)
- Bone-Anchored Systems
  - soft band
  - surgically implantable

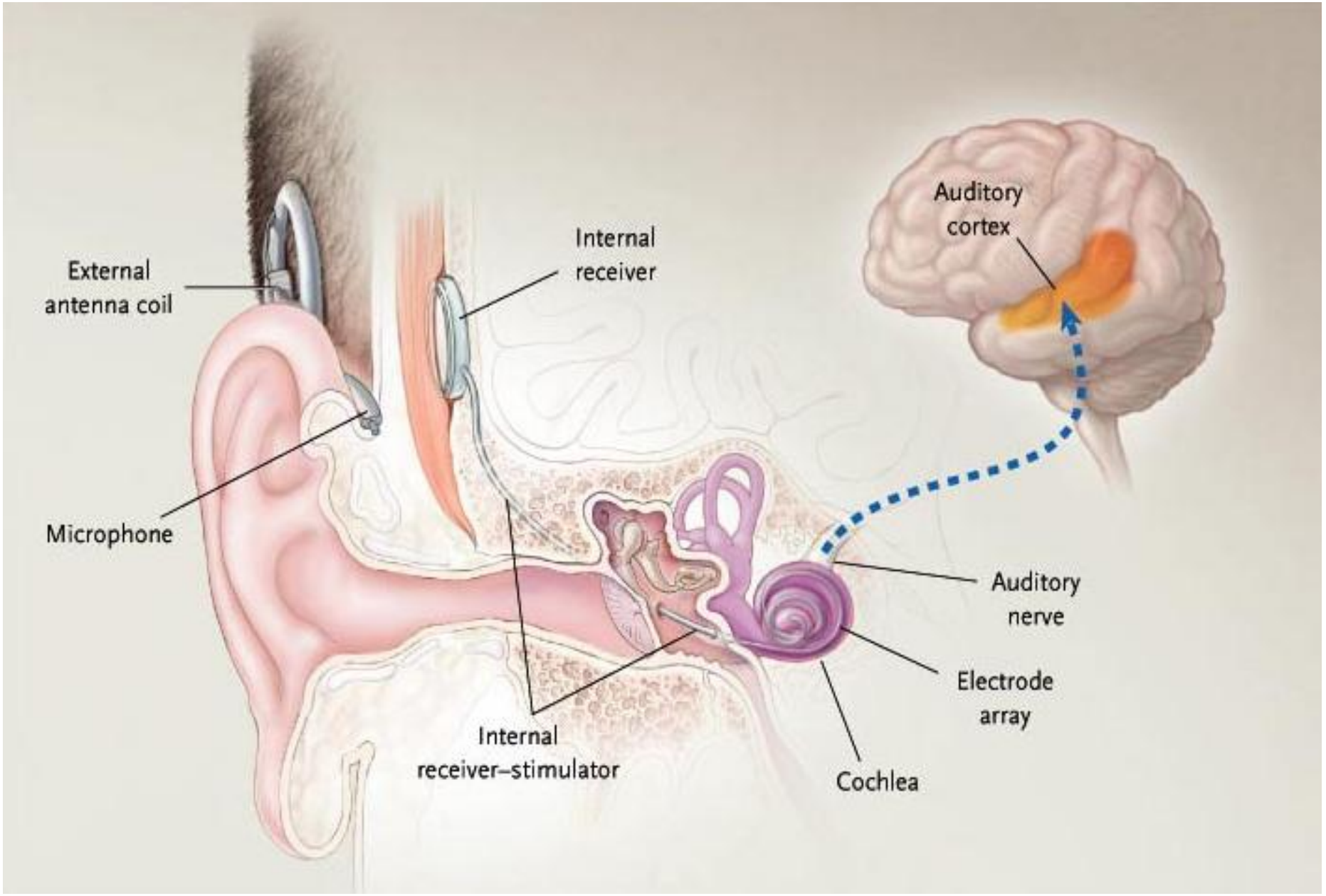
  (Ponto 5 & Sentio by Oticon Medical; Baha 7 and Osia by Cochlear; Bonebridge by MED-EL)
- Remote Microphone Systems (for example Roger by Phonak)
- Cochlear Implants

Cochlear Implants

- Unilateral CI
- Bimodal: one CI & one Hearing Aid
- Simultaneous Bilateral CI/s
- Sequential CI/s

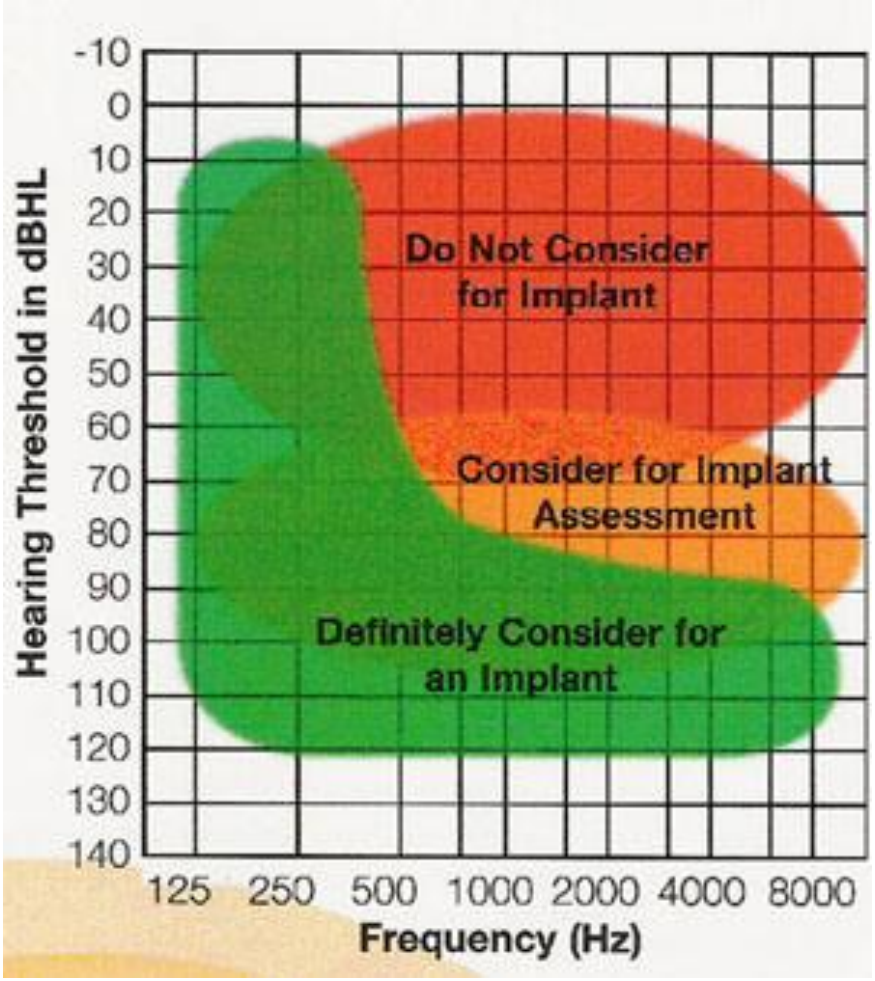
Cochlear Implants

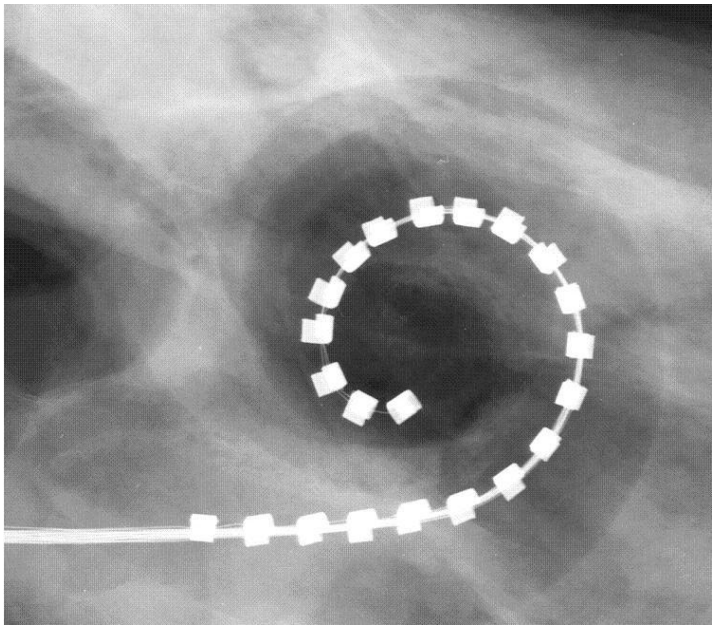


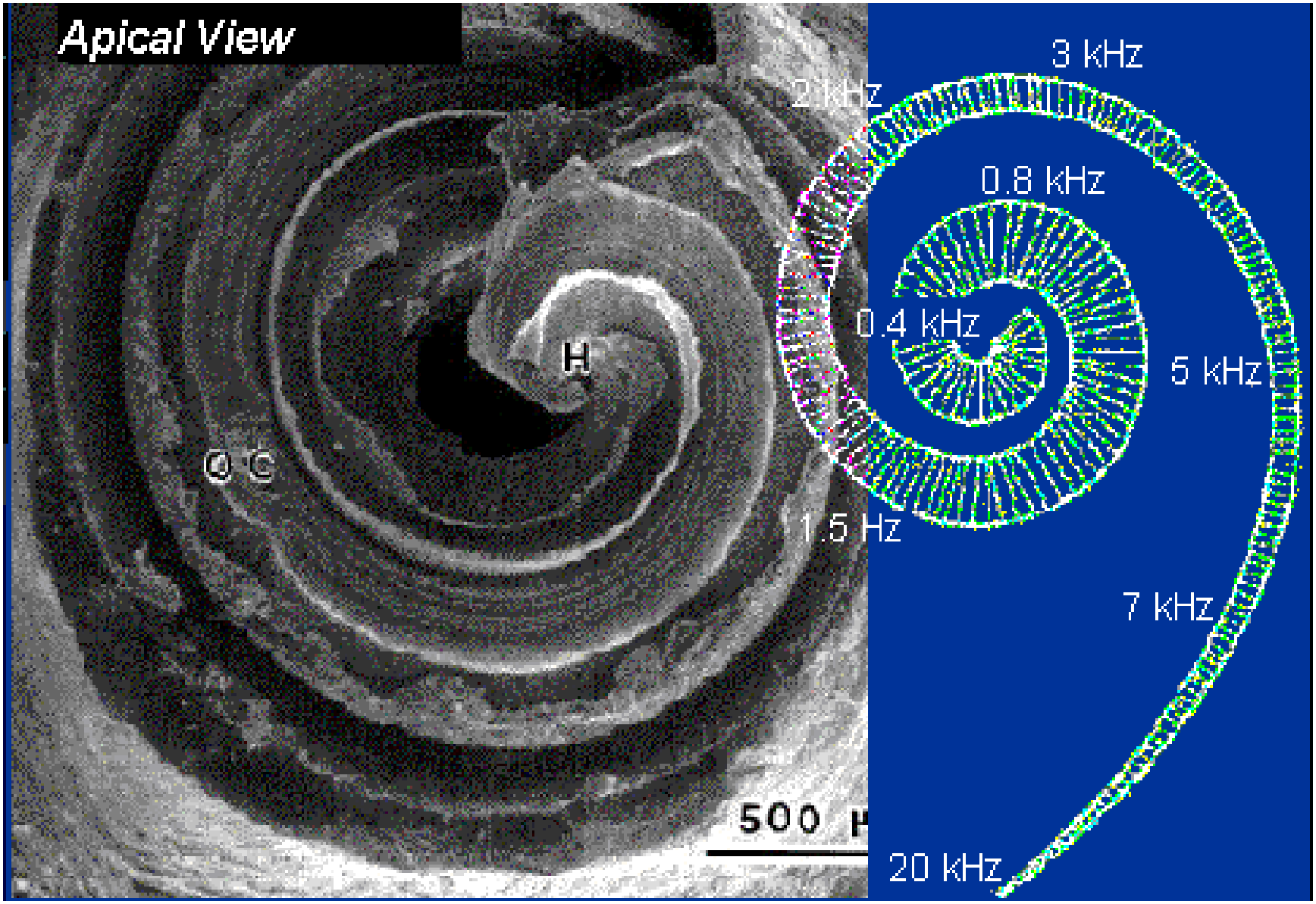


(Gates, 2003, p. 423)

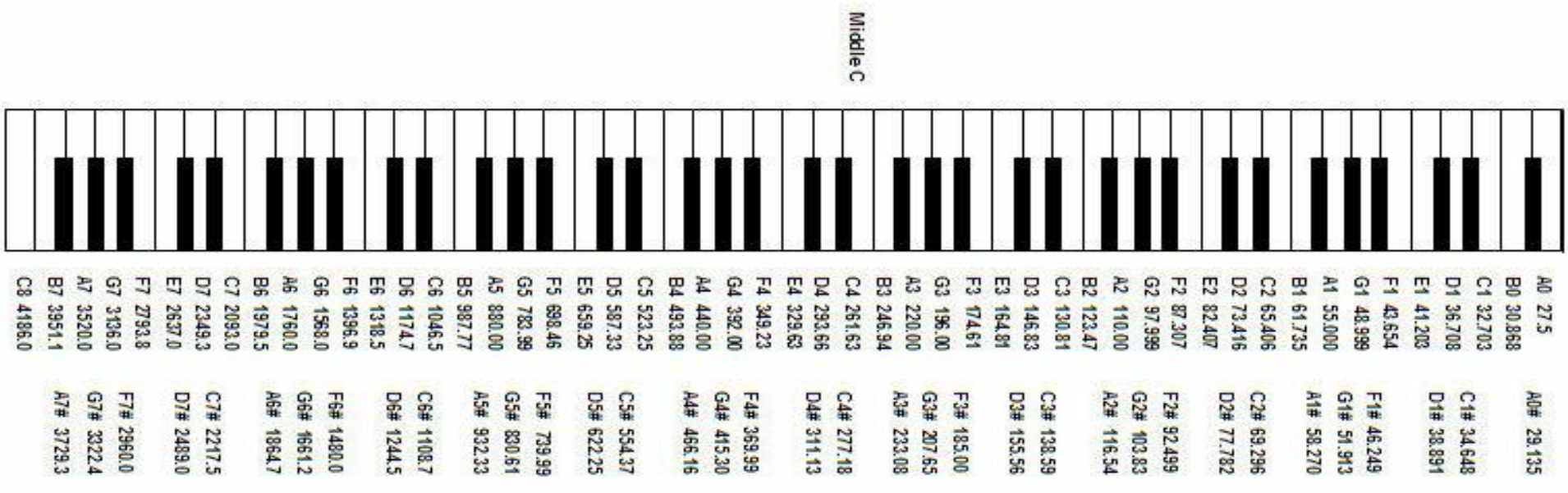
When to REALLY refer for CI eval:






Apical View
3 kHz
2 kHz
0.8 kHz
0.4 kHz
5 kHz
1.5 Hz
7 kHz
20 kHz
H
500

Electrodes on the cochlear implant array are arranged by frequency (pitch)



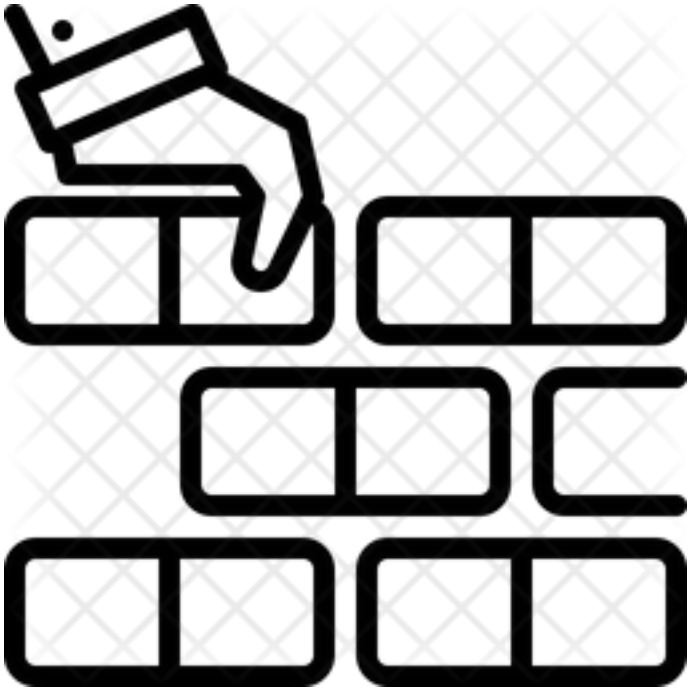
High Mid Low

What Parents Need to Know


Need to KNOW ACOUSTICS

Need to KNOW AUDIOLOGY:

Foundation of Auditory Teaching for Listening & Spoken Language Development



Audiograms

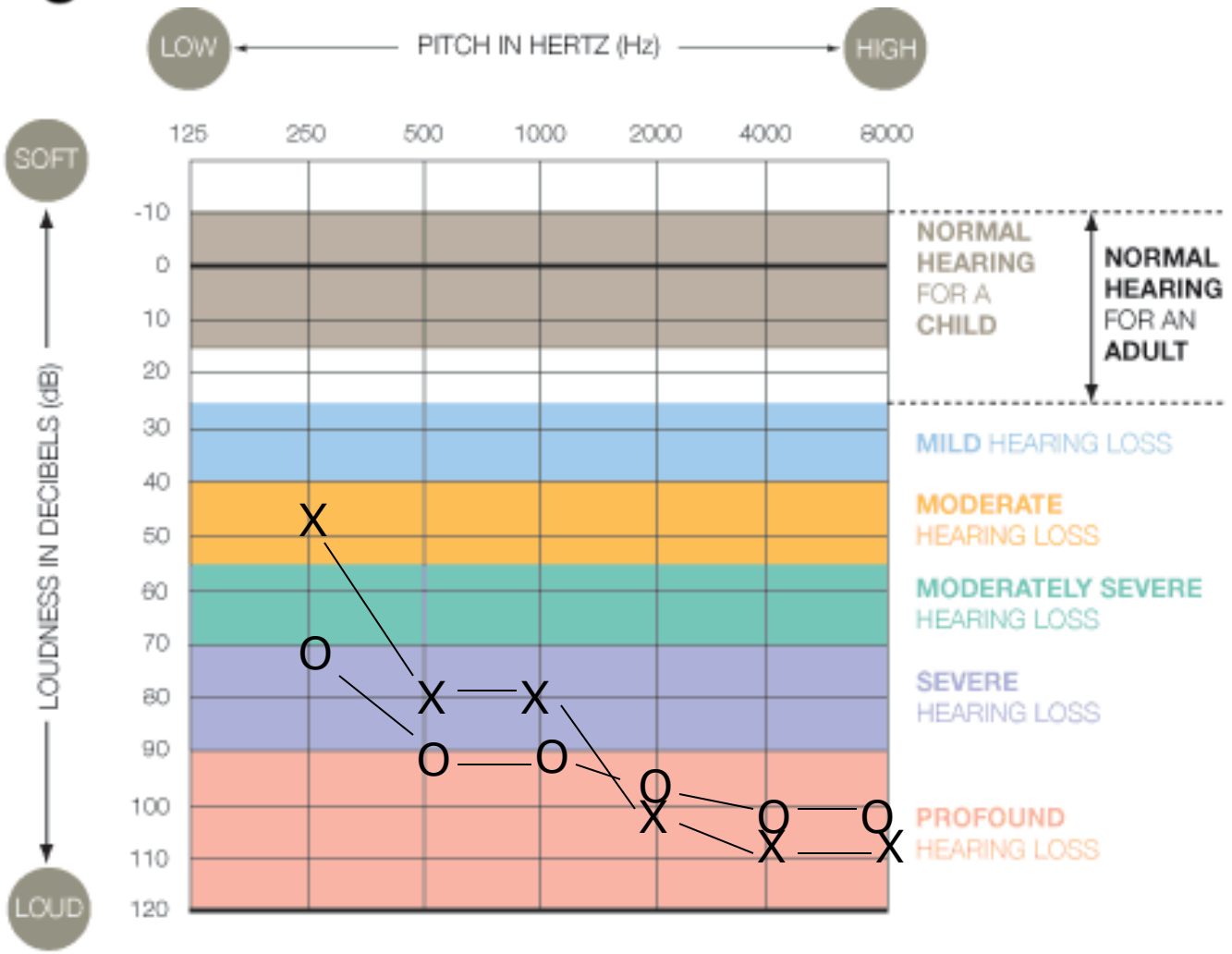


Image from League for the Hard of Hearing

TERMS

THRESHOLD
"Softest" Level

VS

Minimal Response Levels
(MRL/s)
typically NOT Thresholds

AUDIOMETRIC
CONFIGURATIONS

- Rising ---Falling
Flat --- Cookie-bite/Trough

Need to KNOW
Speech Perception Measures

Ling Six (Seven) Sound Test

ah (/a/)
oo (/u/)
ee (/i/)
sh
s
m

(Ling & Ling, 1978)

Consider
"NO SOUND"
as the
7th Sound

(the late Rosemarie Drous,
Formerly of the
Helen Beebe Speech & Hearing Center)

Ling Sound Check

Clinical Application

- "Good" Mistakes
  (for example: /u/ for /m/ & "sh" for /s/)
- "Bad" Mistakes
  (for example: /u/ for /s/)

What are the

Ling Sound Error Patterns?

Parents Need to KNOW:

Auditory Hierarchy
(Erber, 1982; Boothroyd 1980)

Levels of Auditory Functioning
(Goldberg)

Detection

Discrimination

Recognition // Identification

Comprehension

Levels of Auditory Functioning

(Auditory Hierarchy / Erber, 1982; Boothroyd, 1978)

Comprehension:
Is there meaning to this sound?

Recognition/Identification:
Is this sound distinct from other sounds?

Discrimination:
Is this sound different from other sound?

Detection:
Was there a sound?

Speech Detection/Awareness Threshold

Stimuli:

* Child's Name
* Where's Mommy?
• Raspberries

(would be helpful for Audiologists to record what stimuli were used!)

Often Non-Ear-Specific

Speech Recognition Threshold

(SRT)

- Spondee Stimuli
- Materials: Picture Plate / Props
- Closed Set vs. Open Set
- Threshold or MRL/s for spondee words
- May be / Often non-ear-specific

Word Recognition

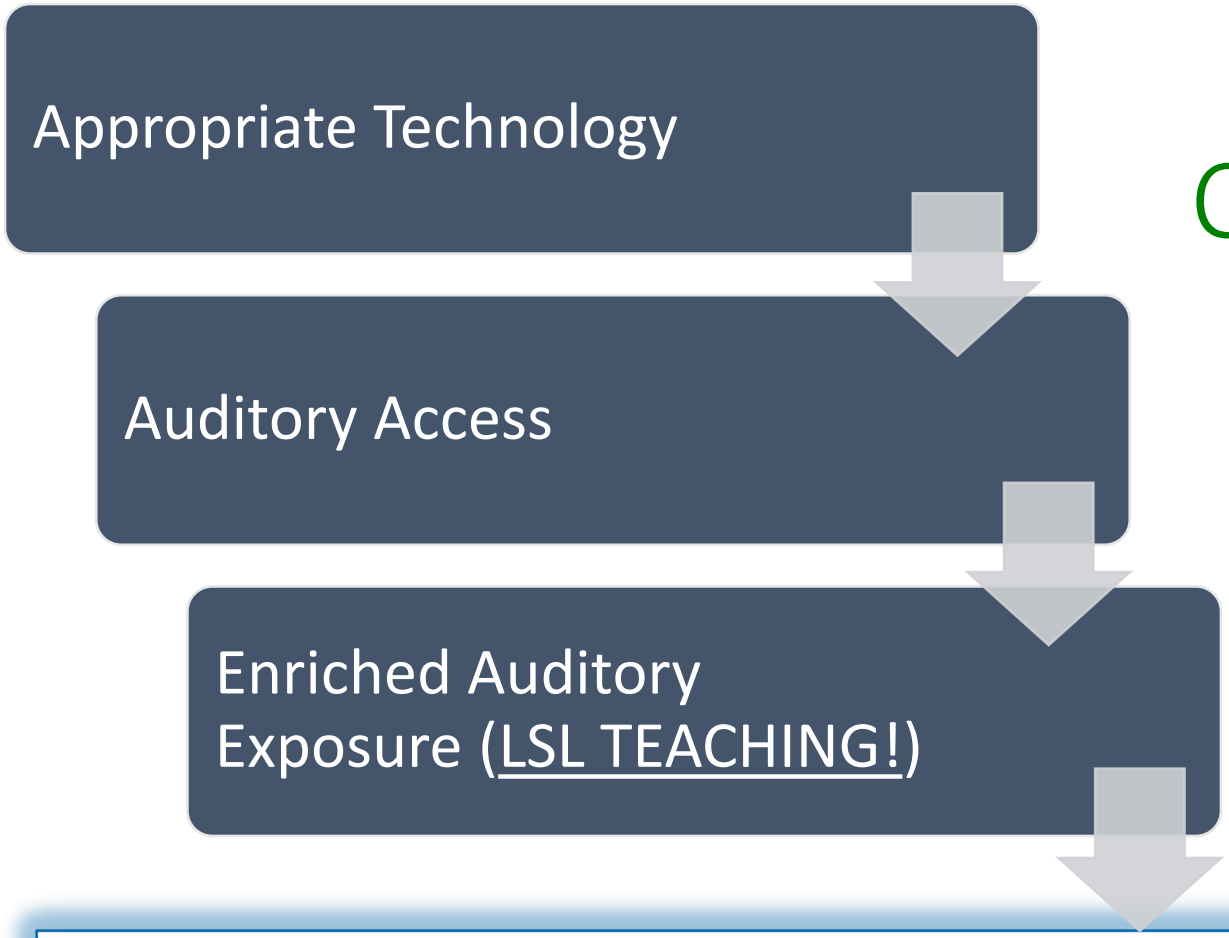
- Vocabulary Level (receptive vocabulary
- Stimuli: typically limited high frequency acoustics
- Closed Set versus Open Set
- NU-CHIPS
- WIPI
- Open Set NU-CHIPS or WIPI
- PB-K
- OTHER Measures

“Other” Measures dmg to decode ALL

GASP!	* Mr. Potato Head Task
LittlEars	* PSI
PEACH	* COT
Baby Bio/Pediatric AZ Bio	* LSSKSI
SERT	* CNC
MAIS	* HINT-C
DIAL	* LNT
ELF	* MLNT
CHILD	* BKB / BKB in Noise
MUSS	* LIFE
CRISP	* Checklist of Auditory
TEACH	Communication Skills
SIFTER (Pediatric/Secondary)	* APAL
FAPI	* SPICE
CASLS	* CHAT
COW	* The Listening Test
CHAPPS	* Listening Comprehension Test-2
TAPS-3	* LCT-Adolescent
SCAN-3	* SIN / QuickSIN
Gardner words	

Auditory Teaching

Winning Combination

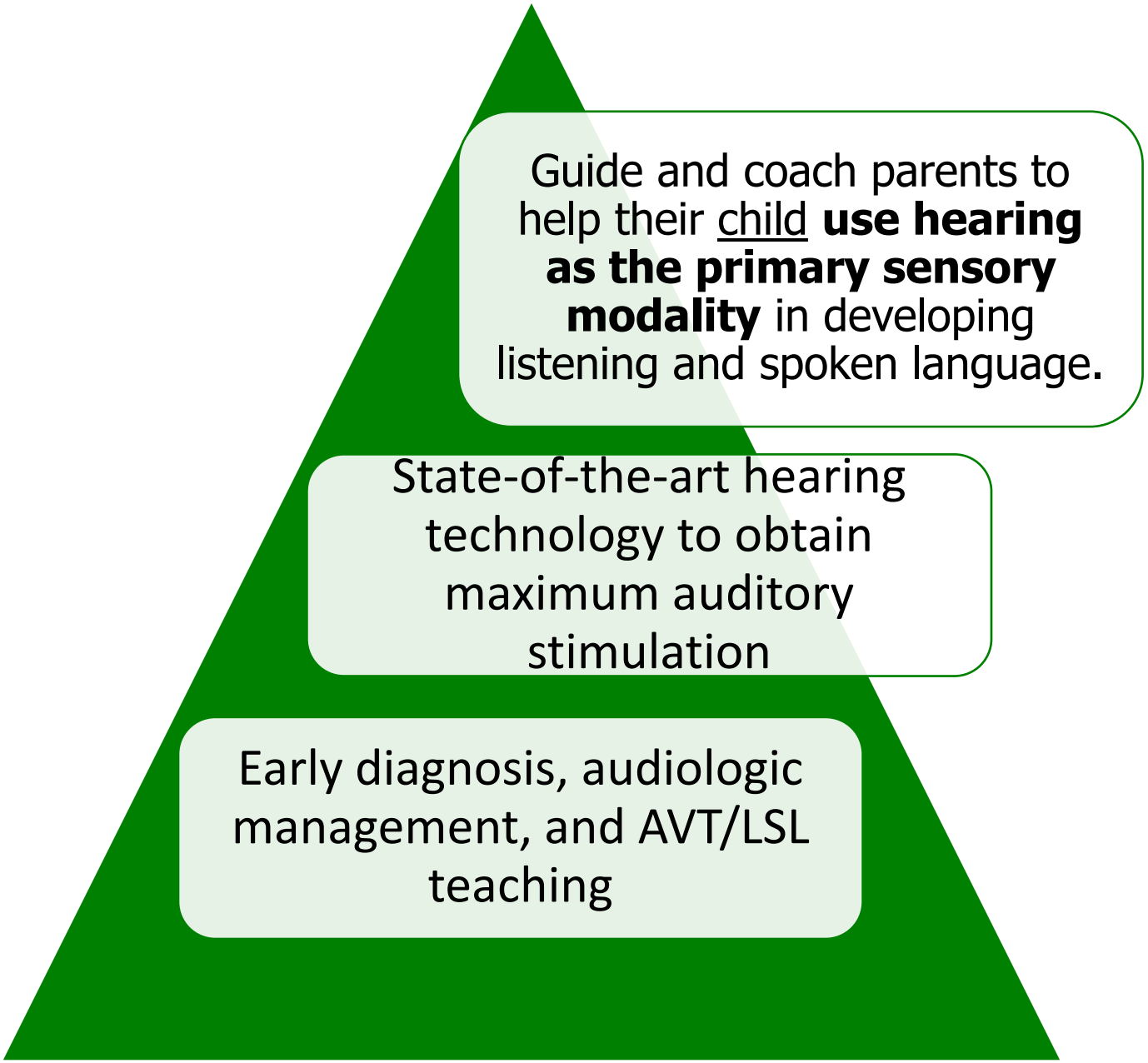


AUDITORY BRAIN DEVELOPMENT

(Dunn & Holcomb, 2019)

Auditory-Based Teaching Does **NOT** Merely Mean Putting An Acoustic Hoop In Front of Your Mouth!

AVT Principles 1-2-3



Test of Auditory Functioning

TAF Easel comes with a USB Drive

The USB drive includes the following

- Administration Manual
- Audio Files (calibration tone & 19 Subtests)
- NEW Score Sheet (downloadable)
- Score Sheet Summary Data (downloadable)

Newest Resource

- YouTube samples of calibration, plus all 19 Subtests (my friend Ella!). (**AVAILABLE NOW!**)

Qs: dgoldberg@wooster.edu
DMGdmg7779@gmail.com

Give back to parents their natural role as their child's first and most important teacher

(adapted from Pollack, 1970)

PARENTS:

No longer the Observer,
but the Major Change Agent

NO decision a Parent makes is a "WRONG" decision!

A “Sweet” Lesson

- A Roll of **Lifesavers**

- A Box of **Dots**


It’s NOT the TOY! – It’s the Spoken Language Input the Parent shares with the child that TRULY MATTERS.

And Back to Parents …

Former CCF Extern and now colleague, Michelle Hu, Au.D., CCC-A, recently shared in her

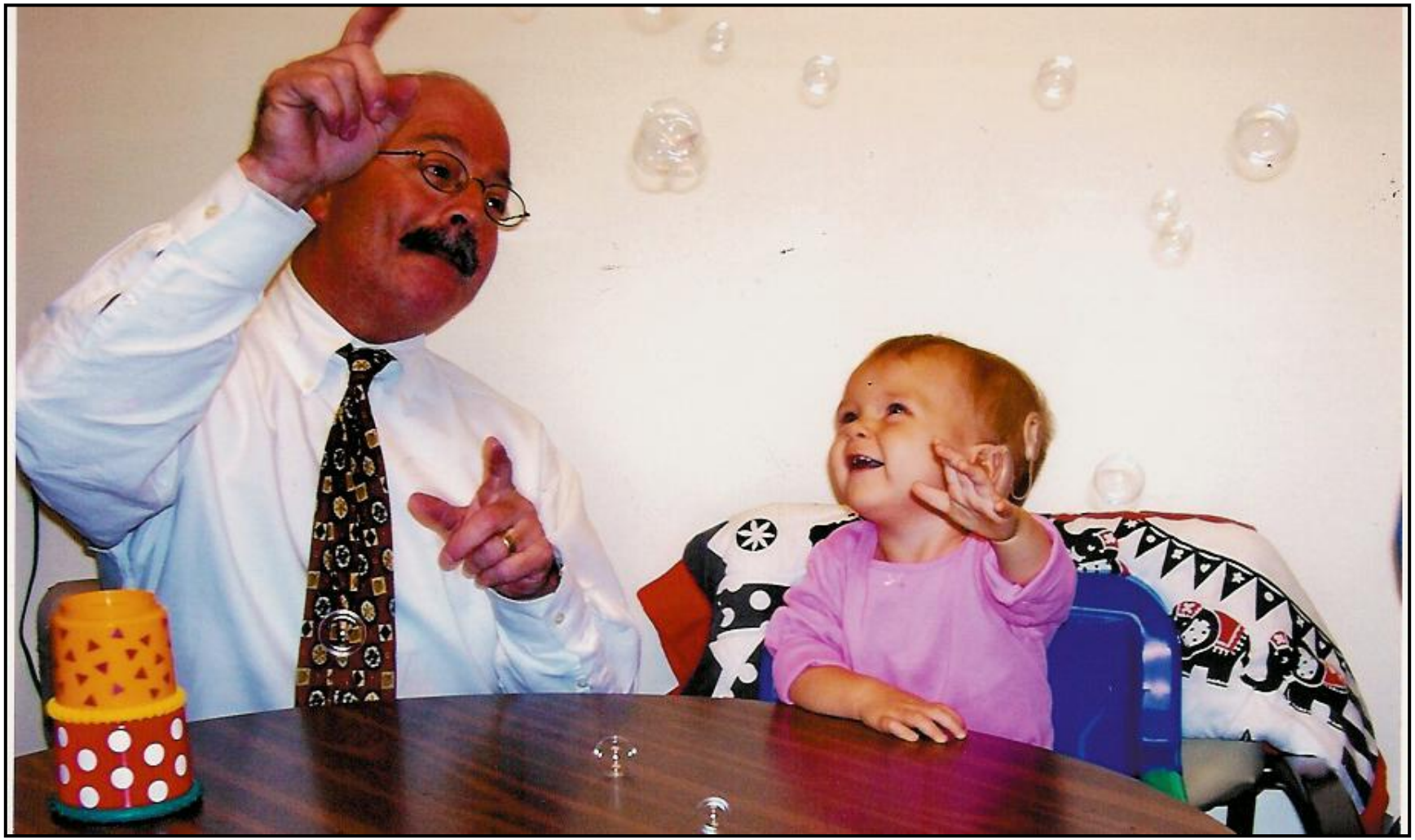
communication …

Here's what I know for sure:

- Your child is capable and resilient.
- You are a strong, informed advocate.
- Together, you and your child can thrive.

You are exactly the parent your child needs, and your presence, love, and advocacy make all the difference!

(Hu, 2025)



The Sky Is *Truly* The Limit!

Test of Auditory Functioning

ST 1 – Duration Discrimination (Pediatric & Adult)

ST 2 – Pitch Discrimination

ST 3 – Fundamental Frequency Discrimination (Male/Female)

ST 4 – Fundamental Freq. Recognition (Male/Female/Child)

ST 5 -- Environmental/Familiar Sounds Recognition

ST 6 – Ling Six Sound Recognition (Pediatric & Adult)

ST 7 --- Learning to Listen: Animals

ST 8 – LTL Vehicles

ST 9 – Pattern Perception (1 v. 3-syllable words)

ST 10 – Pattern Perception (1- v. trochees v. spondees v. 3-syllable words)

ST 11 – Spondee Recognition

ST 12 – 1-Syllable Word Recognition

ST 13 – One Critical Element

ST 14 – Two Critical Elements

ST 15 – Sequencing Three Events
(Quiet)

ST 16 – Listening Comprehension
(Quiet)

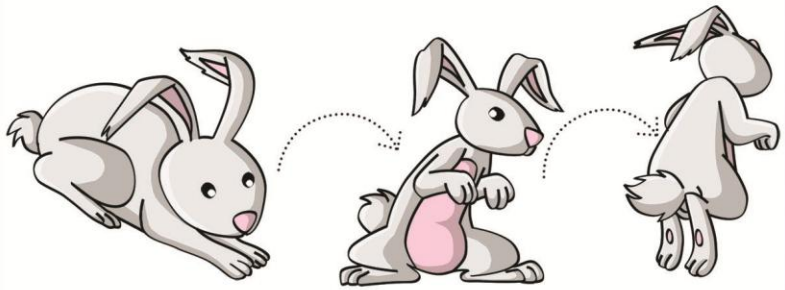
ST 17 – Sequencing Three Events
(+10 Signal-to-Noise Ratio/**+10 SNR)**

ST 18 – Listening Comprehension
(+5 SNR)

ST 19 – Listening Comprehension
(0 SNR)

Subtest 1
1A – Pediatric
1B -- Adult

Duration Discrimination



1B

Subtest 2

Pitch Discrimination

Subtest 3

Male versus Female

Fundamental Frequency Discrimination

1A

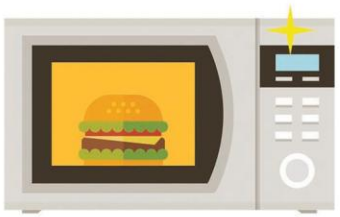
Subtest 4

Male versus Female versus Child

Fundamental Frequency Recognition

Subtest 5

Environmental/Familiar Sounds Recognition



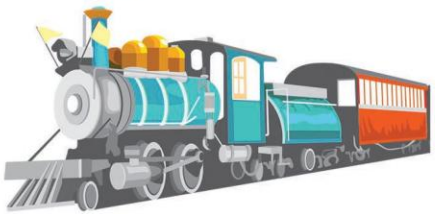
5

32

Subtest 6
6A – Pediatric
6B -- Adult

Ling Six Sounds

o O



m m

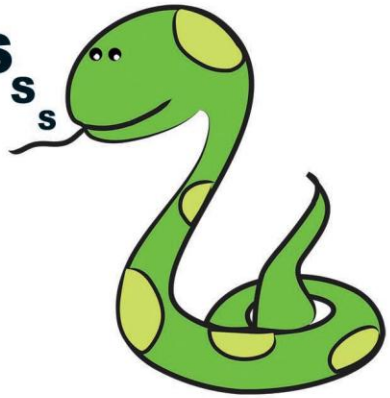
6A

AH

E E

SH

S S s

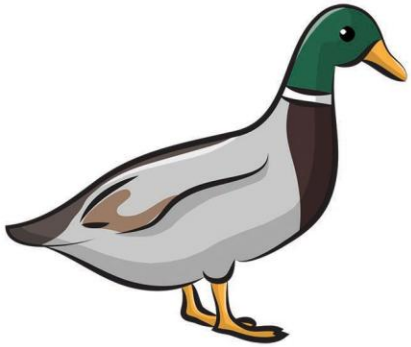


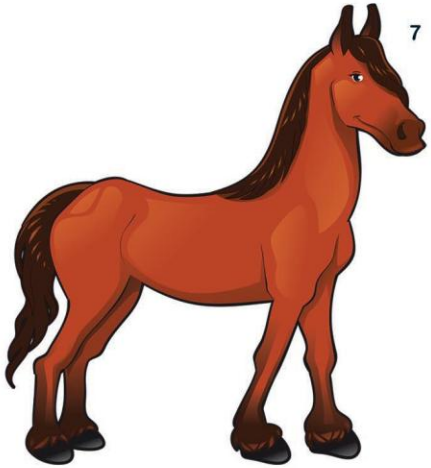
OO	Mmm	AH
EE	SH	Sss

Subtest 7

Learning to Listen Associated Sounds

Animals





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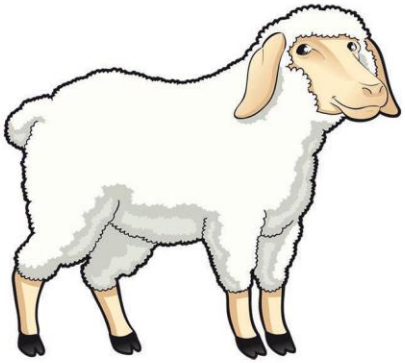
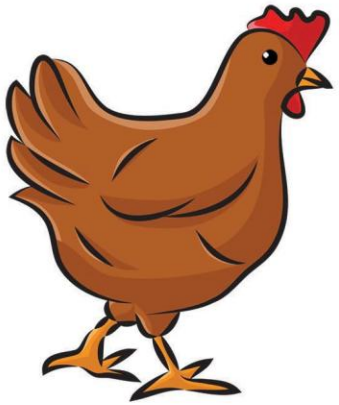




Subtest 8

Learning to Listen Associated Sounds

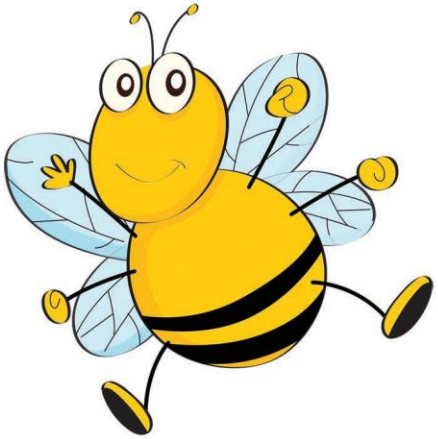
Vehicles

8

Subtest 9

Pattern Perception

1-Syllable versus 3-Syllable Words



9

Subtest 10

Pattern Perception

1-Syllable / Trochees / Spondees / 3-Syllable Words

10

Subtest 11

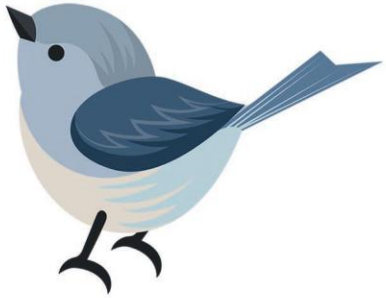
Spondee Recognition

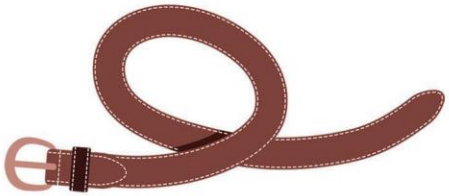
11

Subtest 12

1-Syllable Word Recognition

12

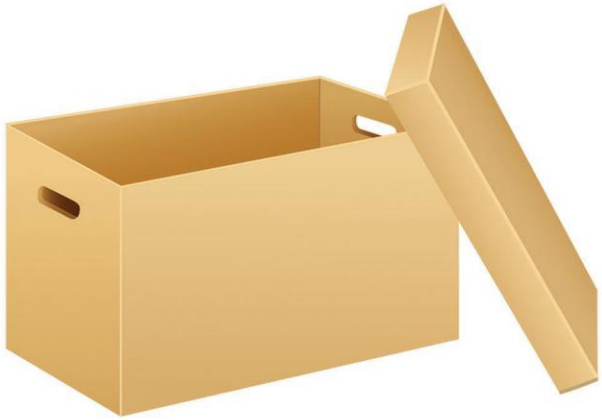




Subtest 13

One Critical Element:
Word Recognition

13.P



Subtest 14

Two Critical Elements:

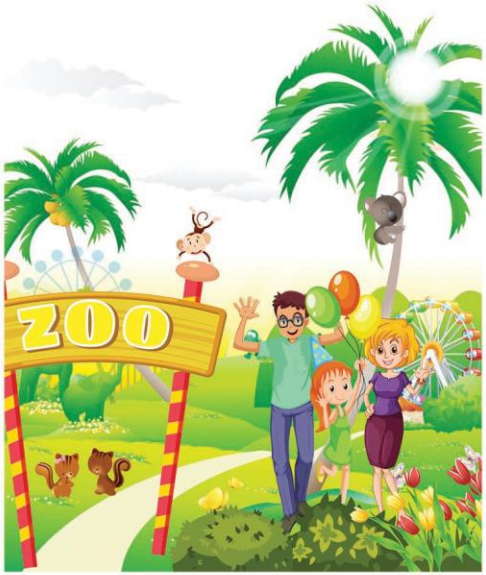
Phrase Recognition

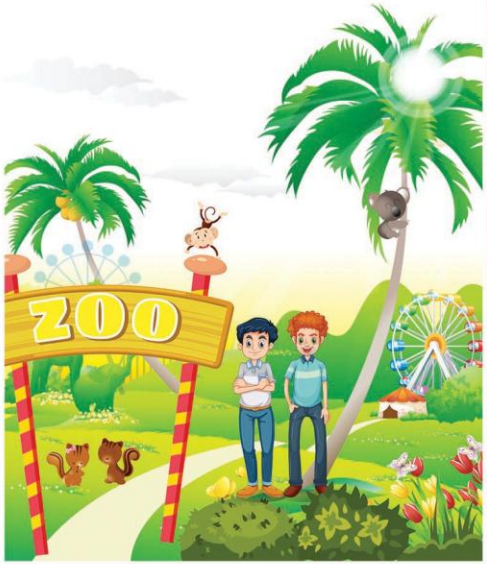
14.1

Subtest 15

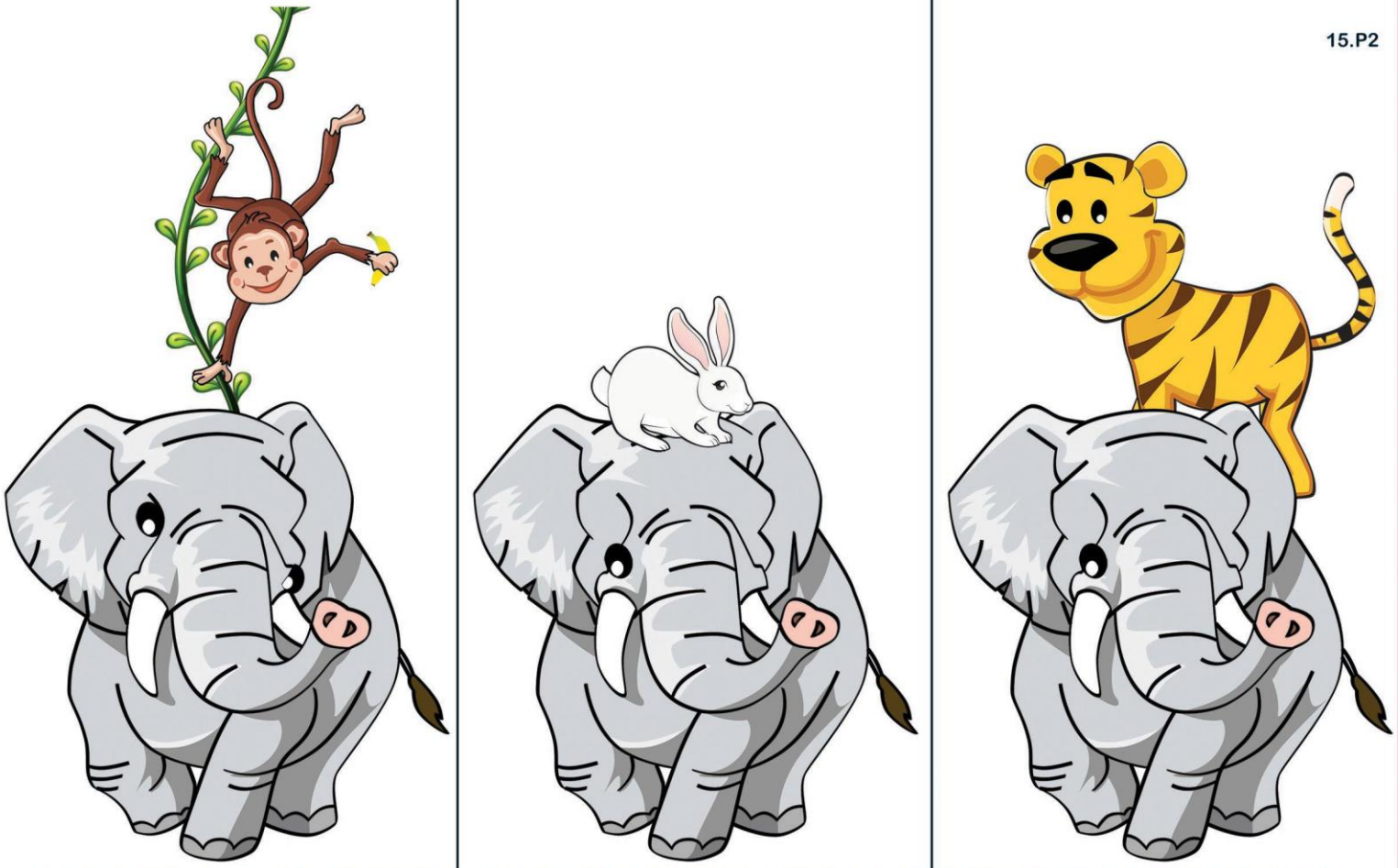
Sequencing Three Events

(Quiet)

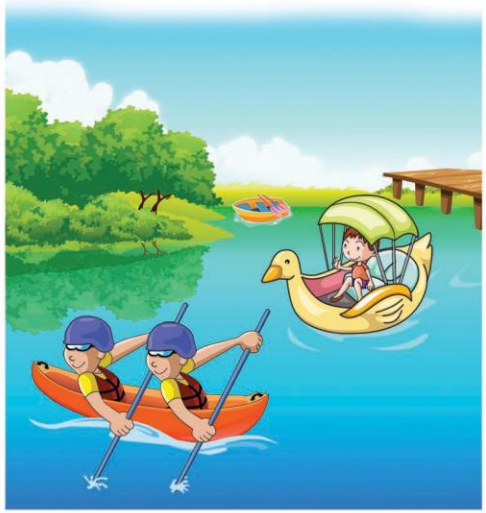


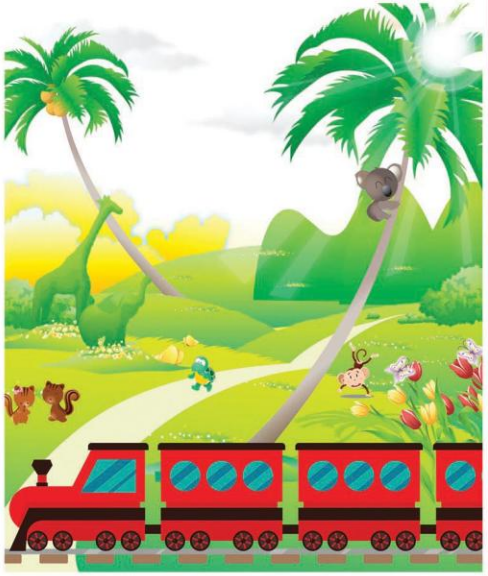


WHAT HAPPENED FIRST?



WHAT HAPPENED NEXT? / WHAT HAPPENED SECOND?





WHAT HAPPENED LAST?

Subtest 16

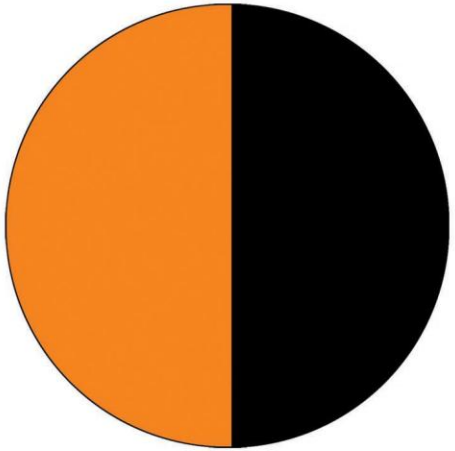
Listening Comprehension

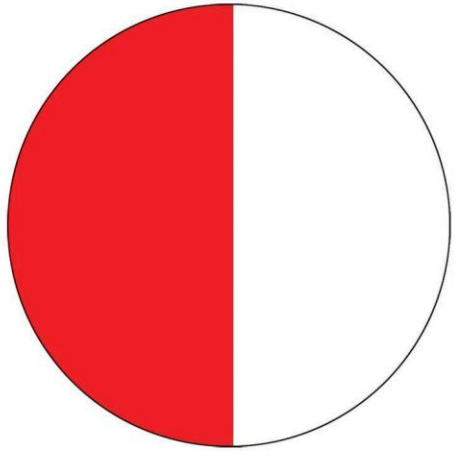
(Quiet)

LISTEN!

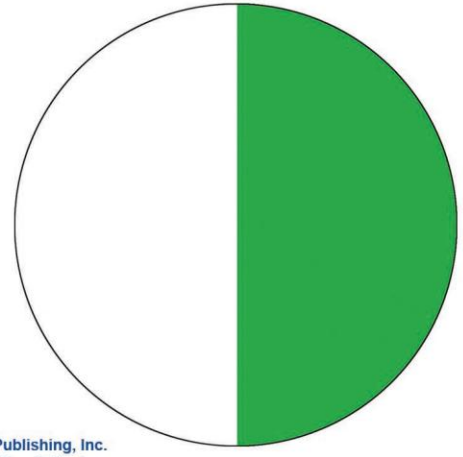
AUDIO

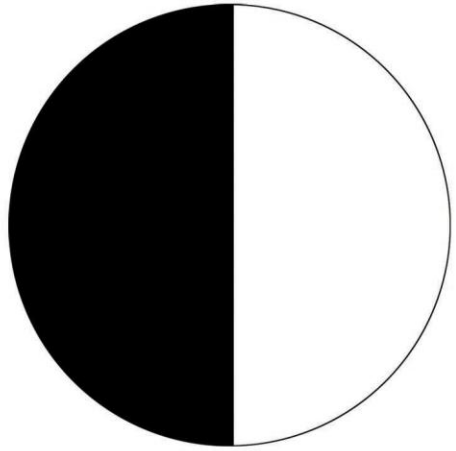
16.P1





16.P2





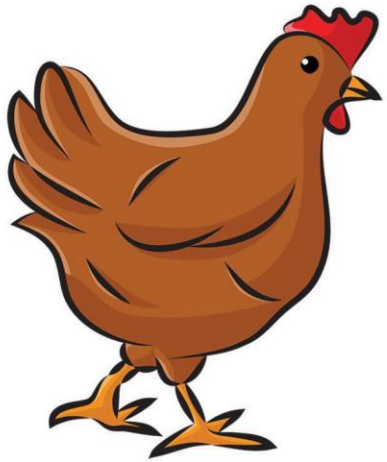
16.P3

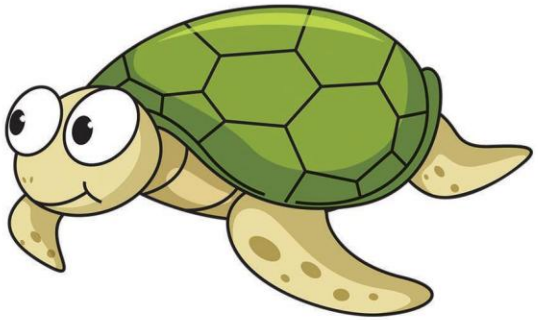
Happy

Frightened

Angry

Sad





Subtest 17

Sequencing Three Events

(+10 SNR)

17.1

WHAT HAPPENED FIRST?

WHAT HAPPENED NEXT? / WHAT HAPPENED SECOND?

WHAT HAPPENED LAST?

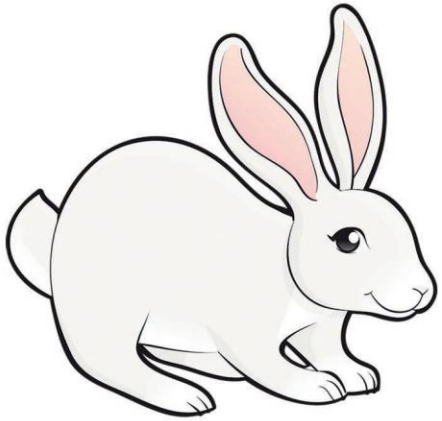
Subtest 18

Listening Comprehension

(+5 SNR)

LISTEN!

18.1



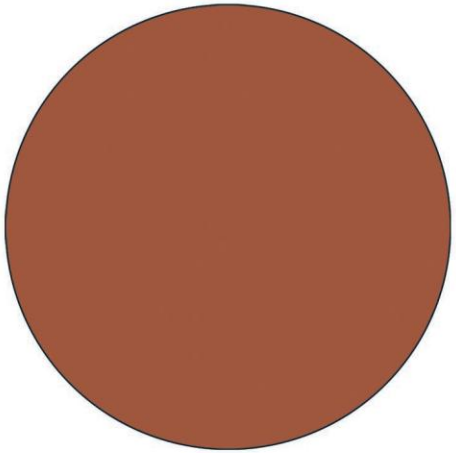
18.2

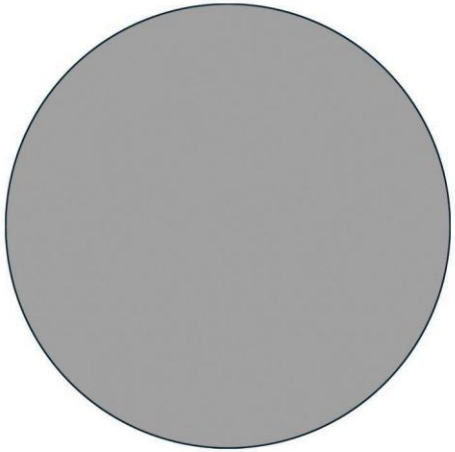
25

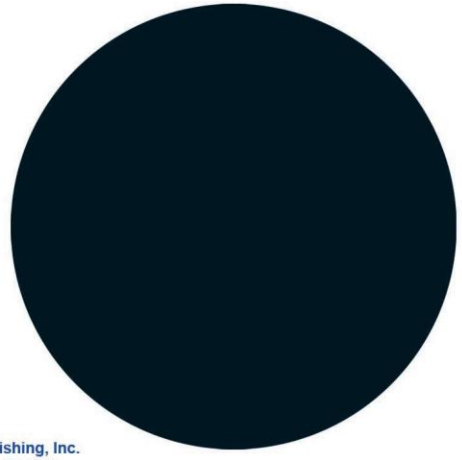
50

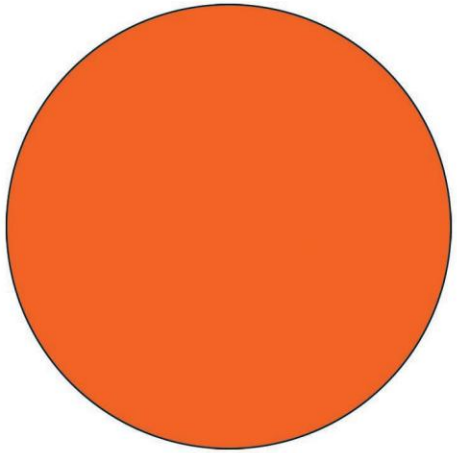
70

100



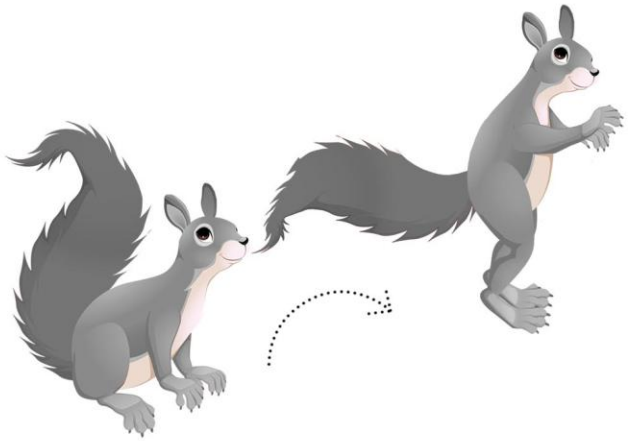




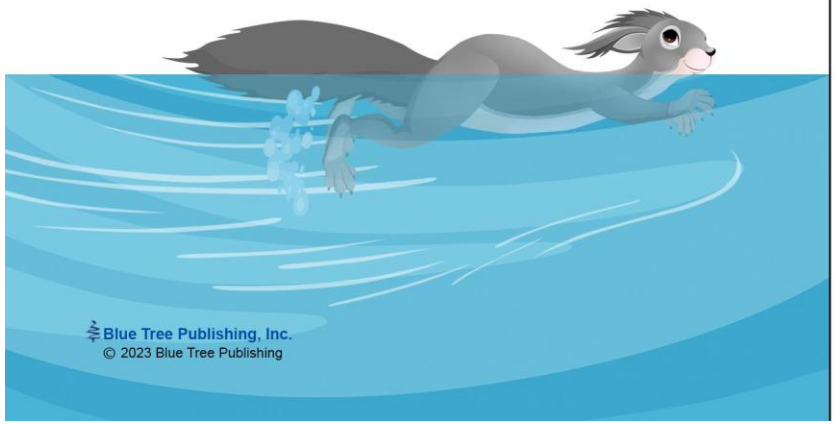


18.3

150




18.4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18.5

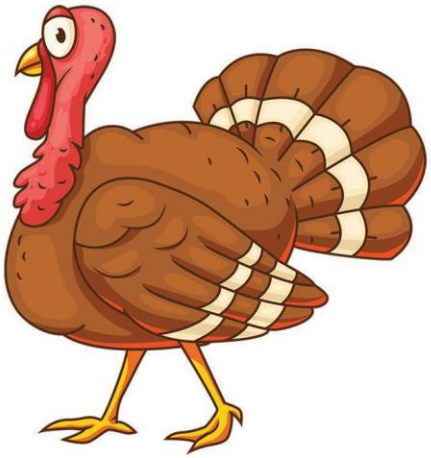
Subtest 19

Listening Comprehension

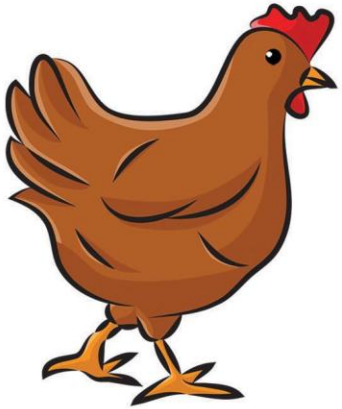
(0 SNR)

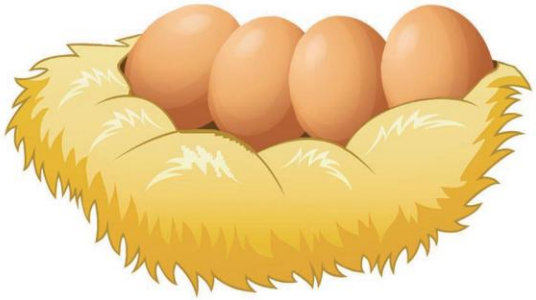
LISTEN!

AUDIO

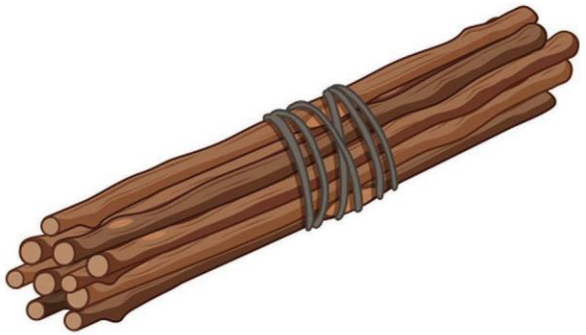


19.1

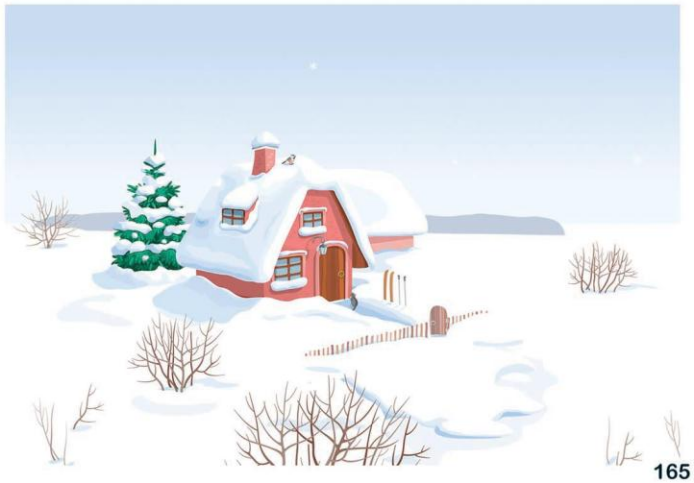


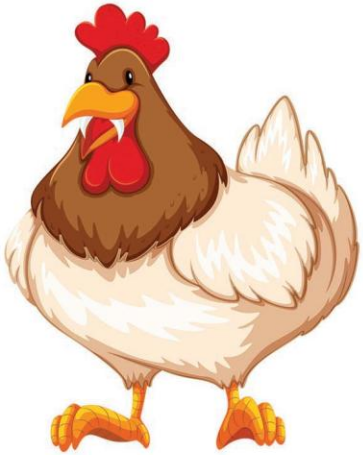


19.3

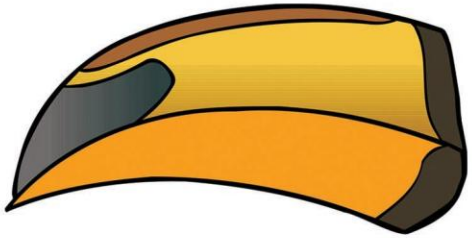


19.4





19.5



TAF Easel comes with a USB Drive

The USB drive includes the following

- Administration Manual
- Audio Files (calibration tone & 19 Subtests)
- NEW Score Sheet (downloadable)
- Score Sheet Summary Data (downloadable)

Newest Resource

- YouTube samples of calibration, plus all 19 Subtests (my friend Ella!). (**AVAILABLE NOW!**)

Qs: dgoldberg@wooster.edu
DMGdmg7779@gmail.com

Give back to parents their natural role as their child's first and most important teacher

(adapted from Pollack, 1970)

PARENTS:

No longer the Observer,
but the Major Change Agent

NO decision a Parent makes is a "WRONG" decision!

And Back to Parents …

Former CCF Extern and now colleague, Michelle Hu, Au.D., CCC-A, recently shared in her

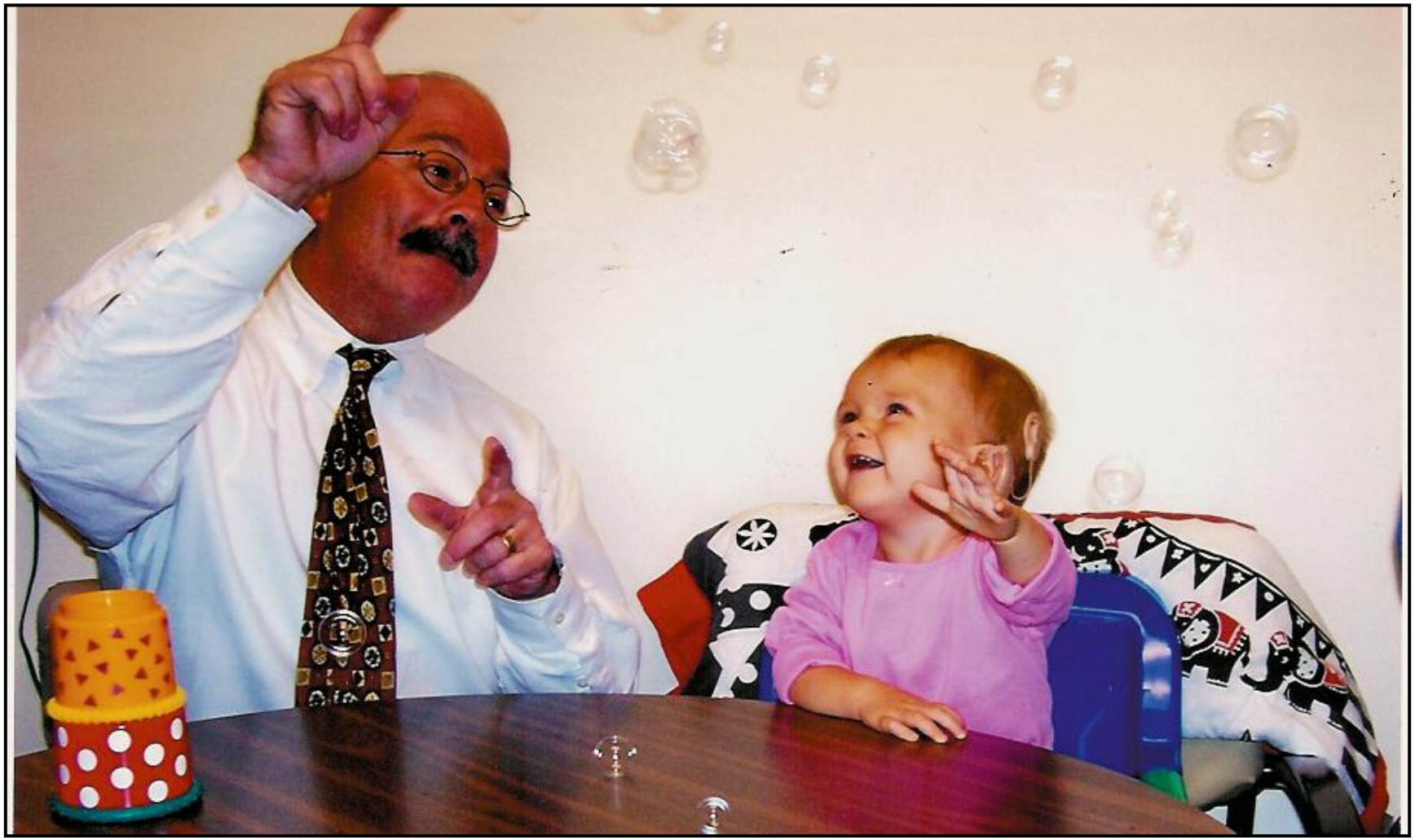
communication …

Here's what I know for sure:

- Your child is capable and resilient.
- You are a strong, informed advocate.
- Together, you and your child can thrive.

You are exactly the parent your child needs, and your presence, love, and advocacy make all the difference!

(Hu, 2025)



The Sky Is *Truly* The Limit!