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Cued Speech What it is and Why it Matters? In Partnership With RIT-NTID

Presenter: Jill Burress, M.S., CCC-SLP

All right. Hi everyone and thank you for joining us today on our webinar on Cued Speech: What It Is and Why It Matters. This course is in partnership with RIT National Technical Institute for the Deaf. It is my pleasure to welcome Jill Burress as our speaker today. Jill is a Senior Lecturer and director of the ASL English Interpretation Program at RIT NTID.

With over 20 years as a communication access professional. She combines expertise in speech pathology and sign language interpretation interpreting to promote inclusive communication for deaf and hard of hearing individuals. If you'd like to learn more about our presenter, additional information and bios on the course registration page with that, we're so excited to have you with us today, Jill, and at this time I will hand over the mic to you. Thank you so much, Farzana. I appreciate that introduction.

So welcome everyone and thank you for being here today. As Farzana said, my name is Jill Burress and today's session is titled Cued what Is it and why It Matters. One of my favorite topics to talk about. So I'm really excited about this. This session is designed for SLPs and audiologists and focuses on visual access to spoken language, which cued speech gives.

So I'm glad you've chosen to spend your time here today with me and I'm looking forward to exploring this topic with you.

Before we get started, a few things to note. These are my disclosures and these are the limitations and risks for today, and these are the learning outcomes for today.

So before we begin, I want to briefly frame how today's session is structured and share the perspective that I bring to this work. I know Farzana gave a great introduction, but again, I am a speech language pathologist and an educator with a professional focus on language access for deaf and hard of hearing populations. I'm also a nationally certified sign language interpreter through the Registry of Interpreters for the Deaf, as well as a certified instructor of cued speech. So I wear multiple hats. Makes my life

much fun.

This interdisciplinary background has shaped how I think about access across spoken and visual languages. Because of this, I tend to approach cued speech not as a replacement necessarily for other approaches, but as one part of a broader access framework that relies on collaboration across disciplines. This session is not intended to train you to use cued speech fluently. Instead, the goal is to build a clear conceptual understanding of what cued speech is, what problems it addresses, and why it matters clinically. So today we'll look at what cued speech is and how it works, what it looks like in real world contexts.

How it can coexist with other language approaches, namely asl, and why it's relevant to both SLP and audiology practice. Throughout the session, I'll invite you just to think about cued speech as part of a broader framework for access, counseling, and collaboration across disciplines.

Before moving into the core content, I want to provide brief context about the fabulous place that I work. Ntid, the National Technical Institute for the Deaf, which is part of the Rochester Institute of Technology. NTID was established by Congress in 1965 and provides higher education, access and support services for deaf and hard of hearing children.

At ntid, we serve a diverse population of deaf and hard of hearing students with a wide range of communication backgrounds, language experiences, and access needs. This diversity informs how we think about language access and support across settings and at ntid, ASHA certified audiologists and speech language pathologists provide on campus services that support communication access and skill development.

NTID provides a range of audiology and speech language services, including hearing technology support, speech and language intervention, communication strategy development across the whole

gamut. This clinical context shapes how we think about access, collaboration, and language support. And now I want to shift to the core focus of today's session.

So let's start with a foundational question. What is cued speech? Cued speech is a visual system that makes spoken language visible. When we talk about cued speech, the most important thing to understand is that it is not a replacement for speech and it is not a sign language. Instead, it's a system designed to make spoken language fully accessible through vision alone.

And I'll show you some of that. Today, many of the sounds in spoken English look exactly the same on the lips, as we all know. For example, think of the words bat, pat, and mat. All of those are visually indistinguishable through lip reading alone. So if I was just to turn my voice off and say they all look the same.

Even for children who have access to sound through hearing aids or cochlear implants, these distinctions are not consistently audible, especially in noise or at a distance. Cued speech solves this problem by providing visual information about speech at the phonemic level. So if I was to introduce this is ba and this is m and this is p. And just knowing those three sounds in those cues, if I now add those to the words, if I was to say, now you know that's bat and then if I go, you know, that's mat and pat. So it uses eight hand shapes to represent groups of consonants and specific placements at the mouth. So the hand shapes are 1, 2, 3, 4, 5, 6, 7, 8.

And then those are consonant sounds, and then the movements are vowel placements. So you'll see if my handshake moves to the mouth, it's a vowel placement. So here's a vowel placement. Here's a vowel placement at the throat and at the side. So there's four vowel placements, and those handshapes move to the vowel positions.

So these cues are produced in synchrony with natural mouth movements. Must have the speech reading part as well as the hands and the mouth placements. So the child sees the full structure of the spoken word as it's being spoken. So what this means clinically is that every phoneme in spoken language becomes visually distinct. Sounds that are confusing or look the same, like our bat, Matt and Pat through audition or late birding alone, are clearly differentiated through that visual input.

So, as I said, if we have these words now and the child sees, then they know that that's bat. So, and the same for every. Every word that you cue. So this visual clarity is especially important for developing accurate phonological representations, which are the foundation for speech perception, articulation, and later, eventually, we get to reading skills. And when children can clearly see the structure of spoken language, they are better able to understand, produce, and learn from it.

So when you think about cued speech, it might be helpful to think of it as a visual access to spoken language, rather than an alternative communication system. Works alongside speech and hearing technology to provide complete and consistent language access, which is really important. Okay, here we go. Which of the following best describes the purpose of cued speech? Your answer choices are, A to replace American Sign Language for individuals who are deaf and hard of hearing, B to make spoken language visible by representing the phonemes of speech through hand shapes and placements, C to provide fingerspelled representations of written English words, or D to teach auditory training skills through listening drills.

Which do you think is the correct answer?

The correct answer is B. So remember, cued speech makes spoken language visible by representing the phonemes of speech through handshapes and placements.

Okay, a little bit about the historical context here, because we have to give credit where credit is due. Cued speech was developed in 1966 by Dr. Oren Cornett at Gallaudet University. And at the time, Dr. Cornett was deeply concerned about the persistent literacy gap that he saw among deaf students, Even those who were using spoken language and they had access to sound. There was a gap there. So he recognized that that auditory access alone was not providing consistent access to the phonemic Structure of spoken language.

Many deaf children were missing critical sound distinctions, which directly impacted their ability to develop strong phonological awareness and ultimately to learn to read. Now, Dr. Cornett's goal was not to replace speech, sign language, or emerging hearing technologies. Instead, he wanted to create a system that would make spoken language visible so that children could access every sound and the language clearly and consistently. Cued speech was designed to be language based, not modality based, and it means it represents the sound of a spoken language such as English, rather than functioning as a separate linguistic system. This distinction is really important, especially for clinicians, because it explains why cued speech aligns so closely with speech and literacy and phonological development.

Although cued speech originated in Deaf education, its underlying principles are grounded in phonemic clarity and visual access, which is why it continues to be relevant across clinical and educational settings today. So thankful for Dr. Cornett. Cued speech is intentionally designed to be simple, efficient, and systematic. The entire system is built on what I told you, these eight hand shapes and the four placements around the mouth. So each handshape represents a group of consonant sounds, as I said, and then the placement represents a group of vowel sounds.

What's especially important is that cued speech is produced in consonant vowel pairs. So the consonant handshape moves to the vowel placement, and this movement happens in synchrony with

natural mouth movements. So remember the word bat. If I cue bat, I went from the side position to the throat to show you that ba is the b and the a, which is the consonant vowel pair, go together. So the b goes to a ba and then comes back out for T. Okay.

So this timing allows the viewer to see both the consonant and vowel information at the exact moment the sound is produced. So this consonant vowel pairing is what gives cued speech, is phonemic precision. Precision. I'd be precise about that. Instead of seeing isolated pieces of speech, the child sees how these sounds go together and how they're organized within syllables, which is how we talk.

So because the cues are aligned with mouth movements, sounds that look identical on the lips, such as B or b M, become immediately distinguishable when they're paired with the correct vowel placement. So another key feature of the system is that it's phonemically complete. It's a finite system, Right? Every sound in spoken English has a distinct visual representation, and the consistent consonant vowel structure supports accurate speech perception and phonological development. Now, clinically, this matters because the system supports natural speech flow.

So I can cue at my rate of speech. So you can see when I pause when I keep going. It does not slow speech down. Sometimes it does if I mess up my cues. But it doesn't sound unnatural.

Instead, it provides a visual overlay that aligns with the natural rhythm and structure of spoken language. So when you think about how cued speech works, it might be helpful to think of it as dynamic syllable based visual representation of speech, one that brings clarity and consistency. That's my favorite word for cued speech. It's consistent. You see every single sound.

There's no. No gaps in for spoken language access. And now we are going to review quiz number two. How many handshapes and locations are used in the cued speech system for English?

So your choices are A, 5 handshapes in 5 locations, or B, 10 handshapes in 3 locations, C 8 handshapes in 4 locations, and D is 6 handshapes in 6 loc. How many handshapes and locations are in the cued speech system for English?

And the answer is C, eight handshapes in four locations. So remember, every language is different and every cue chart is different. So in English, not British English. British English is very different. British, actually English cued speech has a lot of really great resources online, but when I look at it, it's very, very different.

The vowels are very different. So we're talking about the cued speech system for American English, which has eight hand shapes, which is 1, 2, 3, 4, 5, 6, 7, 8. And then remember the four locations which are vowel positions. So you have your side position, mouth position, chin and throat. And the reason why there's only four locations with vowels is because they vowels share positions.

So you have the mouth position. This position is actually two separate vowels, but they look very different on the mouth. So the mouth position is e and then er. And you can see they're very different. So every position is a shared position with other sounds that look very different on the mouth.

So C is the right answer.

Now I want to show you a short clip that I recorded just a few months ago at Camp Discover in Maine. This camp is so cool because there's providers there, there's professionals, SLPs, audiologists, interpreters, and parents. And we're all together at camp and there's two different tracks. You can learn to cue, you can learn to sign, you can practice your sign and cue. So everything is kind of like done together to show that this is providing full access.

So as this clip, you'll see spoken English clearly represented using cued speech. And you'll also see the same portion of the story signed in asl, you're not expected to follow the signs of the cues. Just notice how meaning remains accessible in both languages.

Bummer. It's not playing. Oh, there it goes.

And abracadabra.

That's blood's back in place. Now he's in one piece with a smile on his face.

The camp story time is one of my favorite activities at camp. The kids were just in stitches. It's so much fun, so much fun to watch. So what you just saw is an example of bilingual bimodal coexistence. You have English, you have asl.

Neither of them are competing. And so in the video, spoken English paired with cued speech and American Sign Language are both used intentionally within that same interaction. So different languages, they're not the same, and they're not in competition with each other. American Sign Language is a complete natural language with its own grammar, syntax, and structure. It does not follow spoken English word order, and it is not a visual form of English.

Cued speech, on the other hand, is not a language. It's a visual system designed to represent the phonemic structure of a spoken language such as English. So when cueing is used, the grammar and structure remain spoken English. The cues simply make the sounds visible, which you saw Nicole doing during this story. The video alternated between these two languages to demonstrate that families and professionals do not have to choose one or the other.

Instead, this is an example of, like I said, bilingual bimodal coexistence. So, clinically, this. This distinction matters. ASL supports access to a natural visual language, while cued speech supports access to spoken language and its phonemic structure, which has direct implications for speech listening, and literacy development. So understanding that cued speech.

Using cued speech to visually represent a spoken language and using ASL serve different linguistic purposes helps professionals counsel families without creating false like either or choices.

What you're seeing on this slide is a photo from camp where both ASL and cued speech are happening at the same time. So in this moment, I'm transliterating. You can see me on the left side over here. Using translating spoken English using cued speech, while another professional is interpreting the same message into American Sign Language. The goal is not redundancy, it's access.

This image is a concrete example of bilingual bimodal coexistence in practice. Two different languages delivered through two different modalities, supporting the same communicative event simultaneously. It also highlights a really important distinction that ASL and cued speech are not competing. I don't know why. It's been for so long.

Almost like this competition is just not. They're two totally different languages. You have cued speech representing a spoken language. Could be French, could be German, could be Japanese, you name it. And then there's asl, which is a completely, which is a visual language.

So they're serving different linguistic purposes. And when they're used intentionally, they can complement one another within the same environment. So for families and professionals, this helps move the conversation away from that. Well, either or decisions toward flexible access, centered support.

Everything we've looked at so far, the hand shapes, the placements, the timing and coexistence with ASL all lead to one outcome, which is complete phonemic access. Complete phonemic access means that every sound in spoken language is visually distinct and consists accessible, even when auditory access is incomplete and inconsistent, which is life, right? So there's no guessing, no filling in the blanks, no reliance on context to repair missed information. The child can see the full structure of spoken language and in real time. This concept is foundational because phonemic access is the gateway to speech perception, phonological awareness and reading development as we know.

And that's why it matters so deeply for deaf and hard of hearing children.

So for deaf and hard of hearing children, access is everything. Language learning depends not just on exposure, but on consistent, complete access to linguistic information. Many deaf and hard of hearing children rely on a combination of hearing technology, visual cues, context to make sense of that spoken language that they're trying to make sense of. Even with well fit hearing aids or cochlear implants, access to speech can still be inconsistent. Especially you think about in noise at distance.

Conversations are happening so quickly, so when parts of the signal are missed, children are often expected to fill in the gaps. Cued speech changes that experience by providing complete phonemic access. Every sound and spoken language is visually available, which means children are not guessing, they're not repairing, they're not relying on context to understand speech. It's, I mean, how frustrating is that? Even for us as hearing adults, when we're in a noisy restaurant, we're just trying to like sift through all the noise and read the person's lips ahead of us.

It's exhausting. So cued speech provides clear, consistent input in real time. And this level of access matters because phonemic information is foundational to many developmental domains. When children can clearly access speech sounds, they're better positioned to develop accurate speech perception, stronger articulation, if that's your goal, and robust phonological awareness. These skills directly

support literacy development, including decoding, spelling, Reading comprehension and when languages acts.

When language access is consistent and complete, the impact extends beyond literacy. Full access supports vocabulary growth. Think about all the words you see with cued speech. You see all the words. Narrative development, the development of theory of mind, the ability to understand other people's thoughts.

You see mom thinking like oh gosh, I need more baking soda, I forgot it. Right? So you see thoughts, perspectives and intentions, all of which contribute to broader cognitive and social development. So it's important to note that cued speech does not necessarily replace other forms of communication. As I've said, it can function as a primary access system or can coexist alongside ASL spoken language hearing technology, allowing families and professionals to support multiple language goals without creating trade offs for deaf and hard of hearing children.

The impact of cued speech is not just about speech clarity. It's about equity of access. When spoken language is fully visible, children have the opportunity to engage with language and with the same level of completeness as their hearing peers, supporting long term academic and communication outcomes. Okay, so far we've talked about how cued speech provides complete access to individual speech sounds. But speech isn't always just about phonemes.

It's about rhythm and stress and intonation. These super segmental features carry meaning, emotion and intent. And they oftentimes some of the hardest aspects of speech for deaf and hard of hard of hearing children to access through audition alone. Right. So I want to show you what happens to prosody when spoken language becomes fully visible.

As you watch, focus less on the song itself and more on what it reveals about cued speech. Notice that cueing does not flatten speech, it doesn't slow it down. It provides that natural rhythm, stress, timing and intonation even within this children's song that I have a very short clip of. So for SLPs especially, consider how prosody and supersegmental features become visually accessible rather than solely auditorily perceived. Now let's go ahead and play this.

In here with you. Say a word, find a friend that sounds the same Rhyme time at the zoo half along Make a rhyme, shout your name Rhyme time, rhyme time at the zoo.

And now that song will be in your head for the rest of the day. So you may have noticed that I use both hands during this clip. And that's the fun thing about cued speech as well is I can represent different speakers on different hands. So my dominant hand was cueing the primary vocal line, prime time at the zoo. When the background vocals repeated or layered, I shifted to my non dominant hand.

Woohoo. To cue and represent that secondary line. So this also allows for layered auditory information, which is often hard to access to become visually differentiated. For clinicians. This highlights something really important, that cued speech doesn't just represent phonemes.

It's not just this is k and this is ah, right. It can visually show rhythm, stress patterns, even aspects of vocal layering in ways that preserve the integrity of spoken language and very fun children songs like that.

Okay, so for speech language pathologists, cued speech aligns naturally with many of our core clinical goals, particularly when auditory access is inconsistent or variable. Because cued speech provides clear visual access to individual phonemes, it directly supports phonological awareness and articulation therapy by making speech sound contrast explicit. So take a minimal pair like coat and goat. So on the lips, I turn my voice off and I see, and you don't know what it is because those, the kunga as we know,

are produced in the back of the mouth and pretty much invisible sounds. So on the lips they look the same.

The only difference, because the only difference is voicing. It's something that can be difficult to perceive auditorily, especially for deaf and hard of hearing children. So with cued speech, that contrast becomes visually distinct in real time. So let me show you. This is the hand shape for K and this is the hand shape for G. Now, the only difference between coat and go, as I said, as we know, is voicing.

So on the lips they look the same. But when I add the cueing, the hand shape clearly marks the distinction. So watch this. That's coat and then that's goat. So now you can see if I say, oh no, it's, it's actually goat.

It's not coat. Right. So you can see the differentiation there. And there's no guessing because I'm adding the hand shapes to what's already on the mouth. So this visual clarity supports speech reception and speech production.

Cued speech also provides a framework for teaching prosody. As we saw earlier, rhythm, stress and intonation are preserved through cueing. This is especially relevant when targeting intelligibility and expressive communication. It's important to know that it expands our toolkit for visual and multi sensory learners. Instead of relying solely on auditorily discriminating sounds or abstract explanations like, well, okay, so with, well, your, your.

Your voice is. Is not. Your voice is not on. But it looks different. I know it's, it's.

So. It's so easy to say this is and this is G especially. I just want to add, think about all the different a's in. In the English language. Well, that's not.

That's. That's ah. That's not ah. And it's A. So how do you distinguish that without a cueing system?

It's very challenging. I've done it for years with students who are signers at ntid. And what sometimes to say, I'm going to teach you a little bit of cueing. Let me just show you this. This is ah.

And this is A. And this is a. Okay, let's do this. So cat. Cat.

Right. And bake. Bake. Just adding that one little cue. It's not like I have to even know the whole system.

Beautiful. Clarifies it all up.

So Q. Speech can function as a primary language access system or as a compliment support, depending on the individual child's communication profile and family goals. And now we're on to quiz question number three. In speech language therapy, how can cued speech support articulation work? And your choices are A by helping children visually distinguish minimal pairs that sound similar, B by teaching the grammar rules of ASL C by reducing the need for multi sensory instruction, and D by focusing solely on auditory perception.

Which do you think is the correct answer to support articulation work? The answer is A, by helping children visually distinguish minimal pairs that sound similarly. So I've done lots of years and years ago, lots of practice with kids with cochlear implants. And we also added cued speech to. To.

To distinguish between those minimally paired words. So if you think of the word even vowels, right. Could be minimal pairs. You have man and men. And we can show the difference between man is ma an and then we have eh men so we can show the difference with vowels.

We can also show, for example, mass and mass, right, Those K sounds, those kind of, like I say, hidden sounds way in the back of the mouth that aren't visible on the mouth for speech. And so we add those hand shapes of mask. Oh, okay, I get it. There's a K on the end there. So definitely distinguishes between minimal pairs.

Although cued speech was originally developed to support deaf and hearing deaf and hard of hearing children, the principles behind it extend to other populations commonly served by speech language pathologists. For children with childhood apraxia of speech, cued speech can provide that visual support for sound sequencing and timing. For students with dyslexia or phonologically based literacy challenges, it can reinforce phoneme grapheme relationships such as through multi sensory access. So English language learners or secondary language learners can benefit from this visual clarity as well as it provides access to unfamiliar phonemes. So I want to share my own personal observation with that and experience with learning a second language using cued speech.

So when I was in Haiti, I was exposed to Haitian Creole language I was unfamiliar with, which was. Has historical and lexical roots in French, for those of you who don't know. And as I observed someone teaching using cued speech in Haitian Creole, I noticed that I began to perceive distinctions between sounds that I was not able to hear prior to this. There's. I can't remember what it was.

It's like an. Or an. It's some sort of. It's like a nasly in French that's also in Haitian Creole. And even though I didn't understand anything I was hearing because I, I'm not familiar with the language of Haitian Creole or French, the visual access to the phonemic structure helped me differentiate those sound patterns.

So seeing the, the consonant vowel structure made the spoken language more perceptible and meaningful. So I was able to start going, wait, that's this word. Oh, oh, that's this sound. It was, it was a really cool experience. So that allowed me to experience that firsthand, that just adding the visuals in

there to reinforce what I was hearing was extremely helpful.

For audiologists, cued speech is best understood as a tool that clarifies access, not one that replaces technology or auditory intervention. Even with well fit hearing aids or cochlear implants, many deaf and hard of hearing children experience inconsistent auditory access factors such as, as we know, background noise, distance from the speaker, speaker variability, fatigue, someone's talking way too fast, like I am today, trying to get through it all, can all affect how much the phonemic signal is available at any given moment. Cued speech provides a way to make that variability visible. By offering a complete phonemic access through vision, it helps explain why a child may appear to hear well in one context, but struggles significantly in another. This can be especially useful during counseling conversations with families.

We're trying to understand the limits of hearing technology from an audiology perspective. Cued speech can serve as a bridge between sound and clarity. Amplification provides access to sound, but cued speech provides access to the structure of spoken language itself. Together, they can support more consistent language input across environments. Cued speech can also support more realistic expectation settings.

When families understand that hearing technology does not automatically provide full access to every speech sound, they're often more open to complementary visual supports that enhance rather than undermine auditory goals. It's important also to know that cued speech does not interfere with listening development, it can be used alongside auditory training. That's what I did before I actually ended up at ntid was working with young children working through auditory training with children who'd just been implanted and we use cued speech, spoken language goals, and amplification management, supporting access without competing with the role of sound. For audiologists, understanding cued speech expands the range of tools available for counseling, collaboration, and referral and supports a

more nuanced conversation about access, technology, and language development. Quiz Question number four for audiologists, cued speech can serve as a valuable tool by a providing an alternative to amplification devices b offering a way to visually see speech sounds that deaf children may not clearly hear through implants and hearing aids alone C limiting a child's exposure to multiple modes of communication or D replacing the need for auditory verbal therapy.

Which do you think it is?

The answer is B Cued speech serves as a tool by offering a way to visually see speech sounds that deaf children may not hear through implants and hearing aids alone. When I worked with children, I did a lot of let's use cued speech. You see it, now you don't see it and now you see it. And so being able to sandwich between making the sounds visible and not making the sounds visible or here's a direction, I'll give it to you in cued speech. Now I'll give it to take my, you know, take that visual support away.

And now we focus on listening only through the implant or the hearing aids alone. So it definitely serves as a tool to see speech sounds at the they can't hear their implants and hearing aids alone.

Cued speech can be a powerful educational tool for both audiologists and speech pathologists. Families are often told that hearing technology provides access to sound, but many struggle to understand what their child is actually perceiving in everyday learning environments. Cued speech makes those gaps visible in a concrete and non judgmental way. By visually representing speech sounds, cued speech allows families to see which aspects of spoken language may be consistently accessible and which may be unreliable or missed altogether. And this can be especially helpful when families are trying to reconcile those well they can hear these strong audiometric results with real world communication challenges.

Using cued speech as a counseling tool also supports realistic expectation setting. It reframes the conversation away from Is your technology working? Is your implant working toward how access and exposure can be supported more completely across environments? Importantly, this approach does not position cued speech as a replacement for amplification or spoken language goals. Instead, it helps families Understand how visual supports can complement auditory access, empowering them to make informed decisions based on their child's needs.

So I want to share a recent conversation that really illustrates how this can show up in practice. I was just like, a few weeks ago speaking with a family whose daughter is about five years old and she wears hearing aids. And the family's doing their best to support her communication at home. They're using some sign, but not consistently, lots of home signs. And they're primarily relying on auditory access through her hearing aids.

When the parents were noticing that despite consistent device use, lots of effort, their daughter was missing a significant amount of spoken language and everyday interactions, directions need to be repeated, misunderstandings were happening, and breakdowns were occurring during normal routines like meals and play and transitions and such. So in the conversation, the focus wasn't on are your hearing aids working? But more so whether the family was giving consistent language exposure to the daughter. So instead of the. The family feeling like they weren't doing enough, the counseling shifted to that.

So we talked about how young children don't just need access occasionally, they need consistent, complete exposure to language across the day, starting at home, right with mom and dad. So when access to spoken language is variable, even if it's good at times and, oh, it's not good at times, there's gaps in exposure. Those gaps accumulate quickly. So cued speech entered the conversation as a way to support consistency by making every word and every sound visually accessible. Cued speech allows

spoken English to be fully available to your child, even when auditory access is incomplete or inconsistent or you turn your back from the child and right.

You're more. More conscientious of, I have to face the child. So we also talk about incidental language learning, which is a critical part of early language development. Much of what young children learn doesn't come from direct instruction. Sorry, teachers.

Right. It comes from overhearing conversations, catching side comments, and being surrounded by natural language throughout the day. When parents use cued speech naturally and their everyday conversations, they're not. They're just not. Just when speaking directly to their child, it allows the child to visually access language, incidentally, which is what I was doing earlier, where I was like, mom's like, oh, my gosh, forgot the baking soda.

Yikes. Have to go to the store. Don't have time. Right? Have time.

They have to catch words, phrases, grammatical patterns that would otherwise be missed. Supporting that vocabulary growth and the language development and the development of theory of mind. So this wasn't framed as a replacement for hearing aids. Spoken language goals, other communication devices. It was framed as supporting consistent exposure and incidental learning, particularly in the home where English is the primary language being used, which I'm going to, I'm going to give it to you.

99.9% of all of our deaf children have this experience at home. So this is also an important place to clarify professional goals. For many clinicians, the role isn't to provide cued speech directly. You as the audiologist, you as the speech pathologist aren't necessarily going to be the one to be cueing to the child when they come see you, but to understand it well enough to support families to explain it accurately, collaborate with them to find trained transliterators, collaborate with instructors, right, who can teach when is appropriate. So for clinicians, cued speech provides a shared visual reference point

that can reduce confusion, build trust and support collaborative family centered goal setting.

A strong body of research supports the use of cued speech, particularly in the areas of phonological processing, reading development and literacy outcomes for deaf and hard of hearing children. Multiple studies have demonstrated that access to spoken language at the phonemic level supports the development of phonological awareness which is the foundational skill for reading. So when children can consistently access individual speech sounds, they are better able to map those sounds into print. Research has also shown improved decoding and reading skills among deaf and hard of children who have access to cued speech. These outcomes are especially notable because they address long standing challenges related to literacy development in this population which we see working at ntid.

Importantly, these findings have been replicated across multiple studies and contexts, strengthening their overall evidence base. The research consistently points to the same conclusion. When spoken language is fully accessible, literacy outcomes improve. It's also worth noting that cued speech is not presented in the literature as a replacement for other languages or interventions. You will not see that it's described as a tool that supports access to phonemic structure of spoken language which can coexist with other communication approaches.

A complete reference list is provided for you if you'd like to explore more research into depth or use it for clinical documentation and continuing education purposes. Okay, quiz Question number five. We come to the end. Research on cued speech has shown which of the following outcomes for children who are deaf or hard of hearing a decreased reliance on visual communication, b improved phonological processing and reading skills, c greater dependence on hearing technology or d delayed literacy development compared to peers and the answer is B I certainly hope it's not D otherwise I would not be here presenting this. So improved phonological Processing and reading skills.

In fact, as we know with any language, the more exposure the better. And ironically, some of the research has shown that even with people say sometimes do you need to hear in order to use cued speech? And the answer is no. And part of the research shows that the kids who were not using amplification actually did better. And it sounds kind of strange, but think about it, when we work with deaf kids a lot of times, especially if we know that children have some residual hearing, it's very easy to get lazy and to just kind of like sign a few things here or cue a few things here.

But they found that kids who fully rely on cued speech with no amplification actually did much better. And the reason being that they have to receive all the information in order to fully understand. And so there is no, you know, someone having just kind of like sloppy sign, something like, oh, you're hearing most of what I'm saying. I'm just going to kind of add a sign here and there. So cued speech fully conveys all of what we hear and we're fully able to convey all the grammar, all the semantics and syntax.

So, yep, the answer is B.

So if cued speech is something that you are interested in learning more about or something you want to explore a little bit more as a referral option for families, there are several well established resources available. The National Cued Speech association is a central resource for both professionals and families. They offer comprehensive trainings, family support camps and access to research and evidence based information. It's often a helpful starting point for clinicians who want a broad overview. They also on that website have the Q chart for English spoken English.

They have the IPA chart as well and they have all the cue charts for any language that you need. It's over, I think it's over 55 languages now. Those are found on that website as well. The National Cued Speech association, excuse me, Q College, provides structured online instruction and it includes instructor led courses, self paced options. Many of the courses offer Asha CEUs which makes them

accessible for all of you busy SLPs and audiologists looking to learn a little bit about cued speech.

There's also self paced video resources available, including some curated YouTube playlists that walk through the cued speech system step by step. And you see that in the center there. Let's learn the cued speech system. And that is created by a cued speech transliterator who's currently working. His name is David Hoppo.

He was my former student and he just believes that Everyone should be able to learn cued speech. I'm putting it out there for everyone to learn for free. So he has the whole system and it's fantabulous. So go ahead and check that out on YouTube if you're interested. For clinicians working in educational or therapy settings, there's curriculum based resources available on platforms like Teachers Pay Teachers.

I have that linked here as well where there's lesson materials, instructional supports by the most amazing speech language pathologist and TOD that I've ever met, Nicole Dobson, who was the one cueing dad's runaway butt in the video. She lives in Maine and she's an absolute amazing contact for all of you who need support in the schools. She's, she's been there for many, many families. So great teachers pay teachers shop right there. So the key takeaway here is that clinicians are not expected to become experts overnight.

The resources exist to support your learning, collaboration and referral depending on your role and the needs that your families of the families you serve. In addition to more formal training and organizational resources I mentioned earlier, I also want to share a few practitioner creative resources that I've either developed or collaborated on over time. These are often what I think of as like some hidden gems. Sometimes like you put stuff out there and you're like does anybody even see this? These materials grew out of real classroom my classroom therapy sessions, family experiences.

They're designed to be accessible and practical and easy to engage with, especially for families. Those of you who have children that are going to be looking at cued speech as well. So some of these resources are short video based examples of cueing and natural context child friendly materials. The ones the Apple IBN books there are put out by the children's book sponsored by the ncsa. And I have all the books listed here, Little Red Riding Hood, Hansel and Gretel.

I queued a couple of those. And the book you just the the book is red and it's queued. It's a lot of fun for kids who, who could benefit from that. I have a Cute Speech Rochester YouTube page and on my YouTube page I have books that are queued by former students. It was actually like their homework assignment, their project.

I have songs that were cued. The, the children's books have been viewed quite a few times, so it's awesome to provide resources like that. And students get credit for class, so that's on there as well. I also have IQ'd. What does the fox say?

All you have to do is Google. What does the fox say? Cued speech and it pops right up. It's also on a website called cueeverything where there's a lot of different types of cued speech mater on there as well. And I love to highlight my former students work.

One of my former students just sent this to me. She completed it. She's a computer science major just graduating this year and she created something called qbot. And you basically go to this website and you type in a word and it, and it cues it for you. You can type in a word, a phrase, and it cues the whole thing for you.

The only thing it doesn't do is it doesn't have the mouth move movements, but it has the whole thing queued. So it's very, very cool. And you could like, sometimes you can type in like what accent you have to so that it tailors right to you. So I thought that was pretty cool. So as we close, I want to return

to the central idea of this session, which is access.

It's near and dear to my heart. Cued speech makes spoken language visible by providing complete phonemic access. It supports clarity, consistency and equity and how spoken language is experienced particularly for deaf and hard of hearing children. Throughout this presentation, we've seen how cued speech works and what it looks like in real time and how it can support not only phonemic access, but also literacy, prosody and self regulation. An example of self regulation that I just want to add real quick that I forgot to say is I was teaching a cued speech class at RIT and one of the.

It was actually the class that asked me to cue what does the fox say? And I surprised them with it at the end of the, at the end of the class, at the end of the semester. But one of my students came up to me and said, I have Tourette's syndrome and I've always had tics and I have kind of like no real way to manage those. And cued speech has given that to me. And so he would walk down the hallway and he would just be thinking of things and his conversations in his head, he was cueing them on the side.

So if this was my leg, it'd be like, so this is what I'm doing today. So it was like his hand was constantly moving and it gave him an outlet. And I just thought that was so cool that he gained that something that I didn't even expect. So there you go. You never know what you can get when you, when you throw out the, all the, all the tools in the toolbox.

So we've also talked about how cued speech can coexist alongside other language approaches, including American Sign Language Language, without competition for SLPs and audiologists. Cued speech is not a replacement for the work you already do. Instead, it's a tool that can expand how we think about access, support informed counseling, and strengthen collaboration with families and other professionals. Whether cued speech becomes part of your direct practice, here's hoping a referral option or simply another lens through which you think about language access. The goal remains the same supporting individual and accessing language as fully and meaningfully as possible.

Thank you for your time, your attention, and your commitment to thoughtful access centered practice.

Now it's time for the survey. If you could please provide us some feedback A secondary mission of RIT NTID is preparing professionals to work with the deaf and hard of hearing population. Your completion of this five question survey will help us monitor our impact and bring you the content you want and you need. So the course title is Cued Speech and what It Is and why It Matters and there's a survey link on the handout that you have.

Thank you.

All right, well this concludes the content portion of our webinar. Thank you so much Jill for sharing your insight and your experiences with us today. Today. Thank you. So if we could advance to that last thank you slide, I'll wrap up with a couple of reminders.

All right, perfect. Just remember the post exam will be available in your account within the next 10 to 15 minutes and then you can access it by logging into your account, going to pending courses, and selecting Take Exam. To receive course credit, you'll need to score 80% or higher and you do have seven days to complete the exam. And also we've provided helpful quizzes noted by Q markers to help guide you in passing the exam. And if you have any questions or need a assistance, please contact us as we value your feedback which helps us improve our courses and bring you topics of interest in the future.

This concludes today's course. Thank you all for attending and please take care of.