1. Every Deaf or Hard of Hearing person is an individual, with differing residual hearing from mild to moderate to profound deafness.

2. No two Deaf or Hard of Hearing persons’ hearing are the same, nor do any two Deaf or Hard of Hearing people communicate in the same way.

3. Some people even with mild or moderate deafness prefer to use American Sign Language (if in the United States).

4. Some late-deafened individuals use CART, others ASL (American Sign Language), others a combination of communication access (when available).

5. Raising your voice will NOT enhance communication - ever.

6. Speak normally at a moderate speed, facing the Deaf or Hard of Hearing person.

7. Do not exaggerate the formation of words on the mouth - this actually may hinder communication.
8. It is important to look directly at the Deaf or Hard of Hearing individual, and not cover the mouth.

9. Some Deaf or Hard of Hearing individuals prefer you to gesture while talking (not signing) while others prefer that you never gesture.

10. Deaf and Hard of Hearing people do not identify any longer with the term “hearing impaired.”

11. In today’s world of people with disabilities (differently-abled), the emphasis is on people first, not on their disability - rather, what are their abilities (differently abled).

12. With Deaf and Hard of Hearing people, some are fully capable of communicating effectively one-on-one, others prefer not to use their voice or do not lipread / speechread.

13. As CART Providers, we are to be sensitive to the communication requirements (not needs) of the consumer.
14. As CART Providers, our consumers are Deaf or Hard of hearing, and what we provide is communication access, period.

15. The national organization of, by and for the Deaf is called the National Association for the Deaf.

16. The state organization of, by and for the Deaf is called the California Association for the Deaf.

17. The national and the state organizations serving Hard of Hearing people is called the HLAA (Hearing Loss Association of America) and the California HLAA chapter.

18. Hearing aids amplify only residual hearing, not all sounds.

19. Cochlear implants do not provide the Deaf or Hard of Hearing person with perfect hearing.

20. Another organization serving oral Deaf and Hard of Hearing (those who do not sign, but speak for themselves) is called the AGB (Alexander Graham Bell Association).
21. CART provision does not replace American Sign Language interpreting; it is another form of communication access.

22. The ADA (Americans with Disabilities Act), passed in 1990, Title II provides for Communication Access via a sign language interpreter or realtime captioner.

23. Today, Most CART providers work in the classroom setting, but many provide communication access realtime in the vocational, medical and community setting, as well.

24. CART providers have a high standard of accuracy at near-verbatim delivery, and almost zero untranslates, in realtime to enable Deaf and Hard of Hearing persons to be fully included as participants in a variety of settings.

25. Many Deaf and Hard of Hearing people grew up attending a state residential school for the Deaf, where students, instructors and staff use American Sign Language; even more grew up attending local schools, with the provision of communication access through interpreters, CART providers, or assistive listening devices.
26. The Oral Method of Deaf education includes, hearing amplification via hearing aids, cochlear implants, FM wireless systems, speechreading/lipreading, and speech therapy.

27. American Sign Language, used primarily by the Deaf Community, is a language unrelated to spoken or English, and is not a universal language.

28. Attention-getting tactics used by Deaf people include hand-waving, tapping on the shoulder, or flickering of the lights, or tapping on the table, or using a third person to get someone’s attention; while some Hard of Hearing persons use these methods, many other Hard of Hearing persons do not.

29. Many people who become deaf later in life, late-deafened (becoming deaf after the age of language acquisition) do not relate to the signing Deaf Community.

30. Hard of Hearing or Late-Deafened individuals who do not relate to the Deaf Community or use American Sign Language, depend on speech, speechreading/lipreading, television captioning, and
residual hearing amplified with hearing aids or use of cochlear implants.

31. According to the World Health Organization, there are 360 million Deaf and Hard of Hearing individuals, globally.

32. Congenital causes of deafness include: hereditary or conditions affecting the fetus in utero (maternal rubella), birth asphyxia, use of certain medications during pregnancy.

33. Acquired causes include: diseases (meningitis, measles, mumps, etc.), wax build-up, excessive noises, aging, ear infections, fluid build-up in the middle ear, some antibiotics or antimalarial drugs.

34. No more than 20% of English can be read on the lips, by proficient lipreaders, and is very tedious.

35. Successful lipreading depends on factors such as: lighting, proximity to the speaker, quiet versus loud environment, known person versus stranger.

36. For Deaf and Hard of Hearing persons who successfully use speechreading is tiresome for
periods longer than a few minutes, while listening is effortless for hearing people.

37. Deaf with a capital “D” signifies Deaf Culture and Community. Deaf with a lower case “d” signifies a person who does not hear or does not hear well.

38. Hard of Hearing signifies a person who hears on a continuum - from mild to moderate to profound hearing loss.

39. A person who labels himself or herself as “deaf” with a small “d” is culturally a hearing person, and uses primarily written and spoken English to communicate. They relate to having a hearing loss.

40. A person who labels himself or herself as “Deaf” with a capital “D” is culturally part of the Deaf Community and uses American Sign Language to communicate. They relate to being part of a strong and vibrant community with a language different than English, a culture different than “hearing”.

41. Late Deafened and Hard of Hearing individuals who do not use sign language are often isolated, feeling
they are too deaf to be hearing and too hearing to be Deaf.

42. Hearing aids or cochlear implants are not like glasses.

43. Hearing aids often amplify all noise, not just speech, causing difficulty in understanding.

44. Lipreading is a difficult skill that few are able to master; most culturally Deaf (those who grew up and live in the Deaf Community and use American Sign Language) are not able to read lips much more than simple word phrases and profanity.

45. CART providers do not replace ASL interpreters, as Deaf people who use American Sign Language will prefer interpreters whenever possible and may have difficulty reading English.

46. Sign language interpreting is not a functional means communication access for those who do not know and do not use American Sign Language (ASL); one has to be fluent in American Sign Language to successfully depend on sign language interpreting.
47. CART provision and realtime (broadcast) captioning are means of providing communication access, but not for all Deaf and Hard of Hearing persons.

48. For Deaf and Hard of Hearing, shouting louder will actually make the communication barrier worse.

49. Some words look the same on the lips (15 and 50, 16 and 60); some letters look the same (F and V, B and P).

50. Sign language interpreters became a profession in the early 1960s, while CART provision is still a new profession that most Deaf, late-deafened or Hard of Hearing people are unaware exist.