


Chapter 3

Developmentally Appropriate Preschool in Action: A Case Study of Charlotte

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ABSTRACT

This chapter presents a comprehensive case study of Charlotte, a profoundly Deaf preschooler, to illustrate how developmentally appropriate practices can be implemented in early childhood Deaf education. It explores the impact of early intervention quality, family circumstances, and professional collaboration on language development. The chapter emphasizes the urgency of addressing language deprivation through targeted strategies such as visual language nurturing, family coaching, and structured assessment tools. It also highlights the challenges of rural placement, the importance of theory of mind, and the need for sustained, intentional support across home and school environments. Through Charlotte's story, educators gain insight into applying individualized, evidence-based approaches to promote language-rich, inclusive learning.

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INTRODUCTION

The following chapter is a companion to the preceding chapter on *Developmentally Appropriate Practice for Early Childhood Deaf Education*. This chapter will explore the *application* of the tenets and principles outlined in the previous chapter in the life of a young deaf student, Charlotte. Charlotte is an active, curious, and deeply engaging four-year-old profoundly deaf child with a loving family who is eager to support her needs. Her family is composed of her father and mother, Tim and Rebecca, her sister Emma who is three years older, and many extended family members who live an hour or so away and are a consistent part of her life. All of Charlotte's family members are hearing. The family lives in a rural area in a geographically large school system.

Charlotte's mother has several significant medical needs, which made her pregnancy high risk. Charlotte was born full-term and healthy. She referred on her newborn hearing screening in both ears. Follow-up audiological evaluations, including head and neck imaging, revealed bilateral hypoplastic auditory nerves, a rare cause of profound sensorineural hearing loss. Follow-up testing with a pediatric audiologist confirmed that Charlotte is not a candidate for hearing aids or cochlear implants and would therefore need to access language wholly through American Sign Language (ASL).

CHARLOTTE'S FAMILY'S EARLY INTERVENTION EXPERIENCE

Charlotte was enrolled with her state's *early intervention* (EI) system almost immediately, and the family began receiving virtual services one time per month for an hour. Her EI provider had a background in child development and extensive experience providing EI to a wide variety of children with developmental needs and their families. The EI provider, however, did not have specific professional training in supporting language development in children with hearing loss and their families. She also lacked fluency in ASL as well as training in assessing language development in a signing deaf child.

Unmet Language Needs

In addition to monthly EI services, the family received virtual introductory ASL services for 30 minutes per week for two 8-week sessions over the first three years of Charlotte's life with a Deaf adult. This was the family's first-ever direct interaction with a member of the signing Deaf Community. They attended a weekend conference where they met other families of young deaf children and, while there,

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