

ANNUAL REPORT

2008



Tucker-Maxon has been teaching children with hearing loss to use spoken language since 1947. Today Tucker-Maxon's oral-deaf (non-signing) students are educated in inclusive classrooms with children who hear normally, giving them access to the typically developing language of their peers. All students—deaf and hearing—thrive in small classes that offer highly personalized attention.

Tucker-Maxon is an independent, non-profit corporation organized under the laws of the State of Oregon. Tucker-Maxon is open to students of all racial and ethnic backgrounds. It is governed by a Board of Directors according to policies set forward in the bylaws. Tucker-Maxon has a 501(c)(3) classification and tax exempt status.



Helen Leiser with her daughter, Mikaylin.

EDUCATIONAL PROGRAMS

Early Intervention

For children with hearing loss, newborn - 3.

Preschool

For all children, ages 3 - 5.

Elementary

For all children, Grades K - 5.

Mainstream

For alumni with hearing loss in middle and high school.

SERVICES

Audiology

Real-time Classroom Captioning Speech and Language Therapy

TEST SCORES 2007-08

Academic Achievement (Grades K-5)

Reading:

1.0 grade levels/yr. (hearing impaired students)

1.2 grade levels/yr. (typically hearing students)

Writing:

1.3 grade levels/yr. (hearing impaired students)

1.3 grade levels/yr. (typically hearing students)

Math:

0.9 grade levels/yr. (hearing impaired students)

1.5 grade levels/yr. (typically hearing students)

All students in Grades K-5 take the Woodcock-Johnson academic achievement test each spring. Our students with hearing loss achieved growth close to or above the national average (1.0 grade levels/year) for ALL students. Our students with typical hearing scored well above the national average in core academic subjects.

Students with hearing loss also undergo additional speech and listening testing. This year our students with hearing loss attained 90% intelligible speech in Grades K-5 and 84% intelligible speech in preschool. This means that, on average, their speech is about as easy to understand as that of a typically hearing child in the same age group.

A MOTHER'S ACTIVISM

In 2005, Helen and Walker Leiser's 18-month-old daughter, Ashlin, was diagnosed with a profound bilateral hearing loss. Shortly after Ashlin's diagnosis, Helen found Tucker-Maxon's web site and scheduled a visit. With the support of Kimberli Davenport, Tucker's on-site pediatric audiologist, Ashlin underwent cochlear implant surgery at OHSU. Ashlin soon began receiving early intervention services from Pam Fortier. Today Ashlin's preschool teachers can attest to the fact that she is the life of the classroom and the playground.

After the Leisers' health insurance company refused to cover a second implant for Ashlin, Helen became an advocate not just for her own daughter but for children throughout Oregon by pushing for the passage Oregon State Senate Bill 491, which required Oregon health insurance companies to cover a second cochlear implant. The bill was signed into law on June 13, 2007.

This year the Leisers learned their younger daughter, Mikaylin, is also affected by a profound hearing loss. At eight-months-old, Mikaylin is now one of the youngest students in Tucker's early intervention program. Helen recently spoke at a Tucker-Maxon fund raiser about what the school has meant to her family. What follows is an excerpt from her speech:

After [Ashlin's] implant, we received an early intervention specialist, Pam. She's been [with Tucker-Maxon] for many years, and she is gold. She supported me through the first year of hearing and walked me through not just what it takes to teach my daughter language, but also what it is like to be my daughter, the kind of extra love and support she needs as a deaf child.

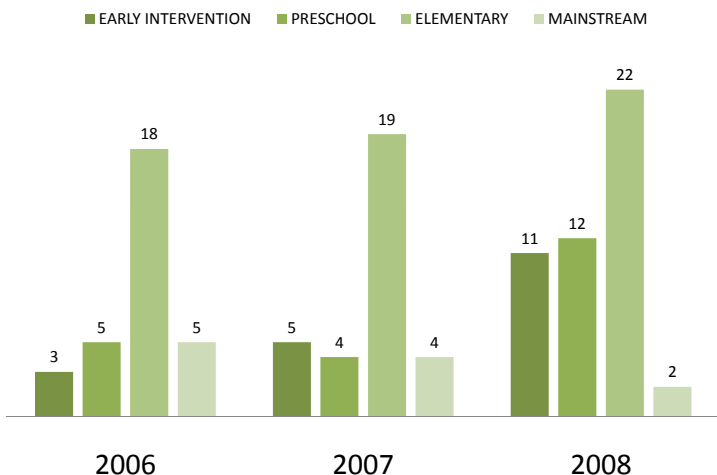
Just because you have a cochlear implant, it doesn't mean you can just talk. My daughter was age 2, but she had the hearing age of a 3-month-old. In one year, Pam took my daughter from a 3-month-old hearing age to a 2-year-old hearing age and got her ready for preschool.

Without Tucker-Maxon I really don't know where my child would be today in her ability to talk and understand language. I don't know if she and I would be able to sing songs together. Having visited the public preschool program [for children with hearing loss], I can tell you it is a world of difference. And I really don't think my daughter would be speaking at the level she is today without Tucker-Maxon.

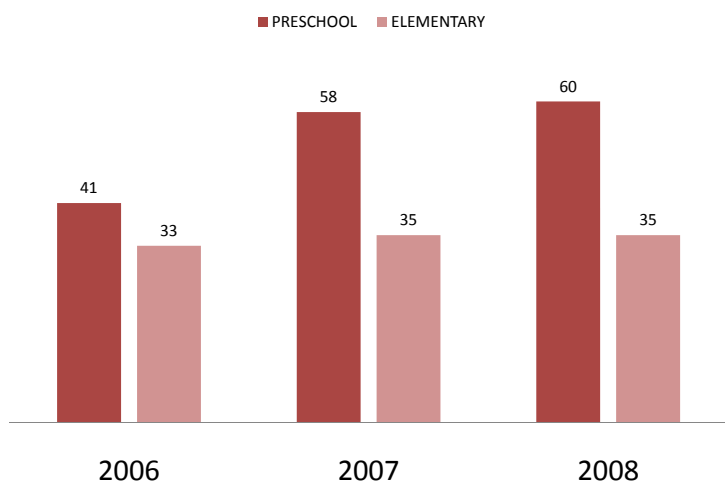
Cochlear implants have given my child the ability to hear, but it is the school that teaches her how to talk and listen and understand language. It is the school that teaches her to have fun with language. It is the school that has given my daughter the ability to laugh, to play with the little girls that live across the street, that lets her talk to her grandparents and to her baby sister, and it's the school that gives speech, and speech is the birthright of every human being. I don't know where we would be today without this school.

ENROLLMENT TRENDS

Enrollment : Students with Hearing Impairment



Enrollment : Students with Typical Hearing



MATCHING GRANT EXTENDED!

We asked, and you heard us. You helped us raise \$175,000 in matching funds from the Oberkotter Foundation. With the match, \$350,000 will sustain Tucker-Maxon's educational programs and services for children who are deaf. A significant portion of the total—\$90,500—came from individual donors. Thank you.

And there's more good news: **the Oberkotter Foundation has agreed to continue matching the funds we raise.** Our goal is to raise another \$75,000 by December 31. If you missed the Fall drive, please consider giving now so that your funds will be matched. Donations may be made by mail, in person, or online at www.tmos.org.

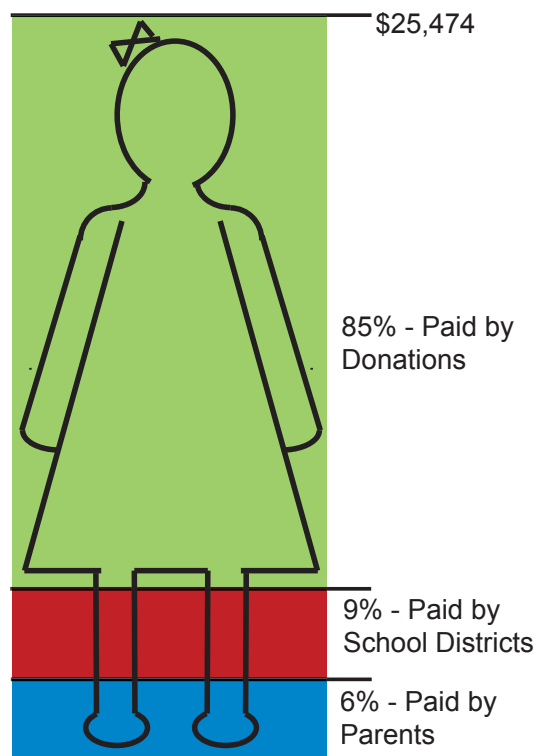
OH BABY!

The big news in 2008 was the dramatic growth in Tucker-Maxon's early childhood programs. At the beginning of the 2007-08 school year, there were just 9 students with hearing loss in our early intervention and preschool programs; this year there are 23, including several who have not yet celebrated their first birthdays.

With an early detection and intervention, these students will learn to listen and speak during a prime time for speech and language development. As early interventionist specialist Pam Fortier sometimes explains it, "early intervention allows us to habilitate now instead of rehabilitating later." When it comes to children with hearing loss, an early start on speaking and listening can mean everything.

It's no accident that Tucker-Maxon is reaching children at younger and younger ages. Parents, grandparents, doctors, educators, and friends of children with hearing loss have worked hard to make sure deafness is detected early, children have access to the listening technologies they need, and families know Tucker-Maxon is an option for their children. In this report, we are putting a spotlight on just a few of the advocates behind the early intervention trend.

COST OF EDUCATING A CHILD WITH HEARING LOSS



The average cost of educating a Tucker-Maxon student with hearing loss is \$25,474 per year. Because of increased enrollment, our average per-pupil cost is down 20% from last year.

Donations cover eighty-five percent of this cost. **No child with a hearing loss has ever been denied admission to Tucker-Maxon for financial reasons.** Tuition for hearing children covers the majority of hearing program costs.



Judy Brown with Patrick Stone (L) and Governor John Kitzhaber.

A GRANDMOTHER'S LEGACY

Every day a child's hearing loss goes undiscovered is another day without auditory input, another day the child's chronological age outpaces her hearing age. No one understood this better than Judy Brown, the grandmother of Kari Hamrick, a Tucker-Maxon student whose hearing loss was detected late. Mrs. Brown, who passed away in 2004, is remembered at Tucker-Maxon as the woman whose persistence led to the passage of Oregon House Bill 3246, the law that required universal newborn hearing screening in Oregon. The babies who have the chance to start early intervention in infancy—and the preschoolers with speech and language abilities on par with their hearing classmates—are her legacy.

Mrs. Brown's efforts began when she persuaded her state representative to introduce a bill into the 1997 legislature establishing an advisory committee that would make recommendations on hearing screening. The committee gave voice to diverse stakeholders involved with children who are deaf, including consumer, parent, medical, and educational groups. Former Senator Mark O. Hatfield eventually signed on to spearhead universal newborn hearing screening legislation; he also wrote an editorial for *The Oregonian* that stressed the importance of early detection and early intervention for children with hearing loss.

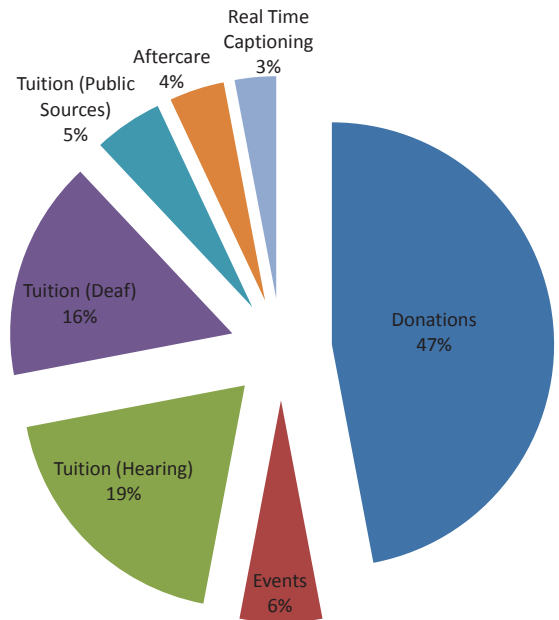
With the help of her fellow AG Bell Association members, Mrs. Brown visited the office of every Oregon legislator, leaving literature and a video produced by AG Bell. Her tenacity paid off when the Senate voted 28-0 in favor of HB 3246. Oregon was the 22nd state to implement universal newborn hearing screening.

Speech-language pathologist Chris Soland recalls that Mrs. Brown was "an absolute master at bringing together all the different groups who had an interest in newborn hearing screening—sometimes for very different reasons—in order to get the law passed. If not for her, Tucker-Maxon would not be what it is today."

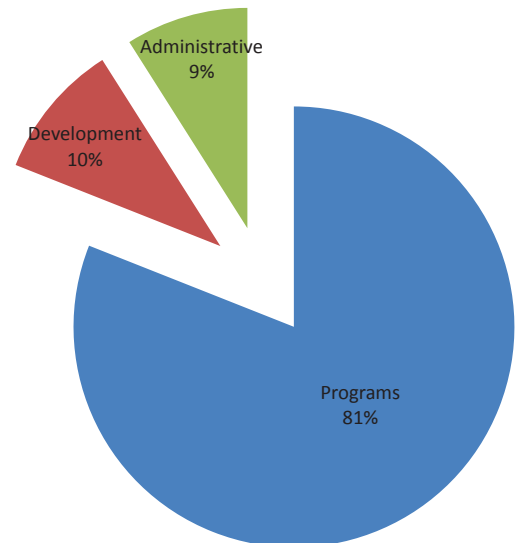
REVENUES AND EXPENSES

These are preliminary figures based on our financial statement for the fiscal year ending June 30, 2008. At press time, the audit of this statement is in progress. Please contact our Finance Director at 503.235.6551, ext. 103, for more information about our financial statement.

Revenues



Expenses



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Jennifer Schraeder-Carver
Jerry Roach
Lynda Shaffer
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Chris Soland
Margie Torres
Melinda Villanueva
Diane Woods



Dr. Sharon Higgins

A BOARD MEMBER'S OUTREACH

In Oregon, when a child's deafness is initially diagnosed, the child's family is automatically referred to public programs, none of which offer a comprehensive auditory-verbal option for children with hearing loss. When Tucker-Maxon reinstated its early intervention program late in 2005, letting families know about the services available at Tucker-Maxon was a major challenge. According to executive director Steve Noyce, "unless parents came across our web site, they probably didn't know there was an intensive, auditory-verbal program in the area."

That's when Dr. Sharon Higgins stepped in to help spread the word about Tucker-Maxon's early intervention program. Dr. Higgins, a longtime member of Tucker's Board of Directors and executive medical director of Kaiser Permanente Northwest, arranged for Noyce to make presentations to Kaiser's audiologists and pediatricians. She also set up a presentation to the Oregon Academy of Otolaryngology.

Dr. Higgins's extraordinary outreach efforts have benefitted babies and young children with hearing loss by helping their families access the auditory-verbal communication option. Noyce states, "By reinvigorating our early intervention program, Sharon has made a huge difference at Tucker-Maxon. She is an exceptionally dedicated board member, and our families are deeply grateful for her commitment to our students."

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