

Upfront



What's happening with AAC in the schools? Are we moving forward? Backwards? Sideways? How can we hope to get a handle on such an important, but obviously elusive, topic? How can we even begin to make sense of the relatively skimpy information that does exist?

This is clearly a topic from which even the bravest of scholars seems to shrink. So, I figured, since I don't take myself for a scholar, why not at least see whether I could find some clues to the key changes that may be taking place in hopes that this may reveal some of the important new questions and issues that may be peeking over the horizon.

I decided to approach this topic from several different angles: (1) a retrospective look from the points of view of the former representatives of AAC model programs that served children in educational settings as identified by ASHA some 20 years ago; (2) the personal recollections and reflections of a group of adults who rely on AAC and have successfully navigated the waters of the American educational system; (3) a limited survey of eighteen professionals working with children who receive AAC services in the schools and (4) the recently emerging literature about AAC in today's schools.

My investigation uncovered some intriguing new questions that seem worth pondering such as: What are the implications of AAC being

increasingly included under the rubric of Assistive Technology? Why has literacy been so elevated in theory and so neglected in practice? Are we really providing the services necessary to develop the generative language and communication skills that students will need in order to participate effectively in society as adults? Why have schools made so little progress in training instructional aides? How can we do a better job of connecting "included" students with the curriculum that other students are mastering?

The three sections that follow may help identify these kinds of

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ASHA's AAC Model Outreach Sites: Twenty years later

In 1985, the U.S. Department of Education awarded a contract to the American Speech-Language-Hearing Association (ASHA) entitled *Implementation Strategies for Improving the use of Communication Aids in Schools Serving Handicapped Children*. In 1986, the project selected 11 Model Outreach Sites (MOS) from more than 100 nominations, on the basis of (1) reliability of exemplary administrative and AAC clinical practices; (2) demographics, including age of clients, location of site (urban,

suburban, rural), geographic region and type of service delivery model and (3) ability of site representatives to provide assistance to other professionals. The selected programs were housed within educational systems (e.g., schools, districts, consortia), hospitals/rehabilitation centers, agencies (e.g., United Cerebral Palsy) and private practices.

One outcome of the ASHA project was a matrix delineating the key components of a model AAC program. [See Table I, page 2.] Another outcome was a manual entitled *Augmentative Communication Implementation Strategies*, with 92 replicable strategies written by practicing teachers, administrators and clinicians from the 11 MOS, as well as from other programs

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across the United States and Canada.¹

MOS representatives: then and now

I was able to locate nine of the 11 representatives from the former MOS. [See Table II.] All willingly talked about the ASHA MOS project, the programs they had represented and their current professional activities. They also commented thoughtfully about the status of AAC services in the schools today.

With two exceptions (Buzolich and Kirstein), they are no longer working at the MOS they represented in 1986. Magnusson and Montgomery are now full-time university faculty. Neither specializes in the area of AAC. Cohen works for the Department of Education in Washington D.C. Two

Table I. Critical components of an AAC program in the schools

1	Has a defined mission statement, philosophy and service plan.
2	Provides comprehensive identification and evaluation, services for children and youth with severe communication disorders.
3	Provides adequate equipment and materials for the successful implementation of the program.
4	Establishes effective use of communication aids and other AAC approaches during all communicative interactions utilizing goals and objects that are broad and flexible enough to meet the needs of individual students.
5	Fosters active participation of the family and significant others in the program.
6	Employs a professional staff that seeks continuing professional growth in the AAC area.
7	Is administered in an effective and efficient manner.

now have their own business. VanTatenhove has a private practice in Florida specializing in AAC. Carlson owns a company that develops graphic symbols and related materials. Leite and Lytton work with children who require AAC services. Both of them serve

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contemporary issues, which beg for further study.

Clinical News focuses on the reflections of representatives from a cadre of AAC Model Outreach Sites selected in the mid 1980s by the American Speech Language Hearing Association. The project developed materials to improve the delivery of AAC services to children in educational settings. The article provides a glimpse into how the careers of these individuals have evolved and how they perceive AAC services in schools today.

The **AAC-RERC** section highlights the educational experiences of current participants in the AAC Writers Brigade. These adults, all well educated over different decades, had diverse experiences, but certain themes underlie their success.

The University/Research

section reports results from a survey of AAC professionals serving children in public schools. In general, the outlook is good although they do note some problem areas for children and families today.

Thanks to all who participated in this issue. They are listed in **Resources** on page 8 alongside the **References and Selected Readings** I found especially helpful in preparing the issue.

Sarah W. Blackstone, Ph.D. 
CCC-SP



administrative, clinical and consultative roles that impact children with AAC needs.

Still working in AAC: same site. Marilyn Buzolich and Ina Kirstein still work in two of the programs that were selected as MOS in 1986. Buzolich’s Non-Oral Communication Services, now ACTS (Augmentative Communication and Technology Services), is a private AAC practice in the San Francisco Bay area. The staff has grown from two speech-language pathologists specializing in AAC in the mid-1980s to 11 AAC and two AT specialists today. ACTS currently contracts with over 40 school districts and counties. Buzolich reports,

There is a greater awareness of AAC and an increasing demand for qualified service providers. The enactment of IDEA-R has certainly increased the demand for equipment and AAC services in the schools.

Our staff members continue to provide services in natural contexts (school and home) and are responsive to the need to devise different solutions for different districts based on the populations served and educational philosophies of each district or county. We also do a lot to help districts with funding. See www.acts-at.com.

The Oakland Schools Learning Assessment Clinic/Communication Enhancement Center in Michigan is now called Assistive Technology Services, Oakland Schools. It is an integral part of a regional consortium that includes professionals from multiple disciplines, serving eight counties in the southeastern quadrant of Michigan. Ina Kirstein, who is now the Assistive Technology Consultant in Oakland, notes,

My position has evolved. My job includes not only AAC, but also the programs, materials, tools and strategies that support all children’s

Table II. ASHA 1986 Model Outreach Sites

MODEL OUTREACH SITE	TYPE OF SETTING	REPRESENTATIVE	NAME OF SITE TODAY
Arkansas Easter Seal Society, AK	Agency	Nancy Dunn	Unable to contact
Communication Systems Evaluation Center, FL	State Dept. of Education	Gail Van Tatenhove	Florida Assistive Technology Educational Network (ATEN)
Crippled Children's Hospital and School, SD	Hospital	Jane Leite	Children's Care Hospital and School
Lost Angeles Unified School District, CA	School district	Sally Cook	Unable to contact
Meeting Street School/Easter Seal Society, RI	Private school	Richard Lytton	Meeting Street
Minneapolis Public Schools Special Education/Language Program, MN	School district	Deanne Magnusson	same
NonOral Communication Services, CA	Private practice	Marilyn Buzolich	Augmentative Communication and Technology Services (ACTS)
Oakland Schools Learning Assessment Clinic/Communication Enhancement Center, MI	Consortium of school districts	Ina Kirstein	Assistive Technology Services - Oakland Schools
Pittsburgh Augmentative Communication Cooperative Project, PA	Consortium. Private school/ rehab hospital/ public school	Faith Carlson	The Children's Institute Pittsburgh public schools
Schneider Communication Unit/Cerebral Palsy Center, NY	Agency	Carol Cohen	ENABLE
West Orange County Consortium for Special Education (WOCCSE), CA	Consortium of school districts	Judy Montgomery/ Sallie Dashiell	same

access to the curriculum. We have about 285 children on our current caseload with almost 250 of them receiving AAC support. AT Services has taken the principles and ideas from AAC and applied them to other populations. Today children who need equipment get it. We give them loaners as part of the assessment process.

Kirstein also points out:

Most children are now included in their neighborhood schools; and many schools now contract with outside therapists rather than rely on their own employees to provide AAC services. This makes staff development more challenging. Also, it makes it harder to form teams and provide ongoing follow-up. We face continuing hard-to-meet needs for time-intensive clinical services, equipment matching/maintenance and staff development.

Still working in AAC: different site. Jane Leite, Richard Lytton, Gail Van-Tatenhove and Faith Carlson continue to work in the area of AAC. Leite is an Early Childhood Administrator in the Sioux Falls (SD) School District; Lytton has relocated to Delaware where he is the Coordi-

nator of Clinical Assistive Technology Services at the A.I. duPont Hospital for Children; Van-Tatenhove has a private practice in central Florida specializing in AAC; and Carlson operates a business that creates and supports a graphic symbol system for individuals with complex communication needs.

Leite noted that AAC and AT services in South Dakota are far less centralized today than in 1986.

More school personnel have expertise in AAC and AT; and many very young children are using symbols and simple technologies today. However, there are not good systems for helping child-care workers incorporate AAC/AT strategies into the daily activities of young children. Also, preservice and continuing education programs still fall short in adequately equipping early childhood professionals to use AAC approaches in ways that support the language and communication development of young children.

Leite believes that all children should have a functional communication system *before* they enter elemen-

tary school. Quality early childhood programs are thus even more crucial today.

For the past ten years, Richard Lytton has worked with families and teams, assisted with funding and provided therapy and on-site school-based consultation and related services at the A.I. duPont Institute. He notes many changes in today's public schools:

Many more professionals and family members understand the role of AAC in education and in society; and AAC/AT services are more systematically diffused into our schools. Also, the AAC industry seems to provide more language support in devices, which is great.

However, because many children now attend their neighborhood schools, they often don't have all the support they need to participate. Also, we continue to have problems funding AAC equipment.

Gail Van-Tatenhove has a private AAC practice in Florida. She occasionally works with staff at the Florida Assistive Technology Education Network (ATEN), a former MOS site, who, she says, "still are pioneers today." One of her concerns is that, while more children are receiving AAC devices and services, few are using their communication strategies outside of the classroom.

Intervention today is too often device driven, rather than language and communication driven. For example, the vocabulary in devices often enables students to give answers in class, but doesn't allow them to generate language and really communicate.

Faith Carlson, who now resides in Maine, describes herself as "more of a graphic artist and less of a speech-language pathologist." Her small business, Poppin and Company [www.poppinandcompany.com], develops graphic symbols to support speech and language development. Known as Dynasyms, the symbols

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are available on Dynavox devices, Boardmaker and on therapy materials. While Carlson no longer does clinical work, she observes that

Children today are less often included in the decision-making processes of selecting their vocabulary, deciding how to represent vocabulary using symbols and how to arrange these symbols. Also, these children need a “guardian” for their language development, so that pieces of their jig-saw-puzzle-like programs fit together; and there is a continuity of care over time.

No longer working in AAC.

Carol Cohen, Judy Montgomery and Deanne Magnusson work outside the area of AAC today. Montgomery and Magnusson are university professors and Cohen works at the National Institute on Disability and Rehabilitation Research (NIDRR) within the U.S. Dept. of Education.

Until 2004, Cohen led the Technology Related Assistance for Individuals with Disabilities Act of 1988 9“Tech Act”) program to increase access to, provision of and acquisition of assistive technology (AT) for individuals with disabilities of all ages.

Cohen maintains ongoing contact with educators and other school personnel around the country, and notes that policy makers and implementers at the local, state and national level face new demands.

There seems to be an increasing use of technology without a full understanding and implementation of the underlying rationale, applicability and usability of the technology. For example, at a time when there is a decrease in the level, duration and intensity of training supported by the schools for both students and teachers, there has been a simultaneous increase in the demand at all levels for accountability, evidence-based practices and behavioral data. Today we have a national agenda that focuses on measuring outcomes of all programs and practices. This presents a unique challenge in that teachers, clinicians and practitioners may—given time and

budget constraints—bypass important elements of assessment and training required to develop and sustain successful programs in favor of measuring projected and realized outcomes.

Judy Montgomery and Deanne Magnusson teach at universities, promote school reform and are active internationally. Magnusson is on the faculty at the University of Minnesota’s College of Education and Human Development. Her focus is education policy and leadership, organizational development and change in U.S. and international education.

Montgomery is professor of Special Education and Literacy at Chapman University in Orange, CA where she teaches assessment, reading, mild/moderate disability strategies and communication disorders classes to prepare special educators. She comments:

Educators and communication specialists view the AAC student and the technology they use in vastly different ways. Neither seem to recognize that support doesn’t end with the selection of the AAC device—it just begins there. Getting the equipment is such an incredible undertaking that the school team appears literally to rest after they surmount that hurdle.

Initially, special educators are quite eager to embrace the students’ devices. They are willing to learn how equipment works, but they don’t grasp why this form of communication support is so vital to academic success. They use AAC approaches in their classrooms (I know because I observe them every week), but they don’t push the AAC students to acquire more and more language. Also, teachers rarely think about the “next device” for a student—instead, they often suggest another student in their class who could use the same device another time of the day! As a result, students seem to plateau and not grow much after the first year of using a device. Students tend to respond at the same language and academic level year after year.

While speech-language pathologists are more likely to view AAC systems as being literally “fused with the kid,” they


are not in a position to anticipate curriculum sequences, anticipate vocabulary needs, encourage more sophisticated student products, *etc.*

Sites: then and now

Model programs evolve over time; and not all maintain the characteristics of an exemplary program. While some programs survive over decades, more often model programs change or even disappear in response to shifts in staffing, administrative support and/or an agency’s response to external or internal factors having little to do with a specific program.

Although the former MOS sites have evolved differently, one strong trend is that nearly all AAC programs today are housed within AT programs. What are the implications of that?

Twenty years ago, exemplary AAC programs were selected on the basis of performance in seven areas. Each area was identified as an essential component of an exemplary AAC program (as shown in Table I.) Only one of the seven areas related to equipment. Others focused on identification and assessment services, state-of-the-art intervention strategies, highly-trained multi-disciplinary staff, ongoing staff development program, active family participation and strong administrative support—reflecting the program’s mission statement, philosophy and service plan.

While it is difficult to know the long-term impact of placing AAC under the AT umbrella, it is worth considering, as these MOS former representatives have, that we might not be neglecting the services necessary to develop the generative language and communication skills children need to participate effectively in society as adults. 

AAC-RERC



SPREAD THE WORD

Comments on school experiences across four decades with Lauren Baxter, David Chapple, Bill Geluso and Mary Ann Merchen & Johana Schwartz

The AAC-RERC Writers Brigade is a year-long program for active writers who rely on AAC. The participants contribute to the AAC literature while improving their technical writing skills. Here they reflect on their educational experiences, which span four decades—from the 1950s to the 1990s. Their experiences are indicative of the times in which they grew up (with more or less AAC technology, and before and after inclusive educational practices) and confirm the recurrent themes underlying successful outcomes: high expectations, determination, access to appropriate supports and creative problem solving.

Bill Geluso attended a school for children with disabilities in a local school district in New York during the mid 1950s and 1960s. He believes he received an “excellent” education *after* the fifth grade.

Prior to the 6th grade, my teachers didn’t push me academically. In 6th grade my classroom teacher, who had previously taught in a regular school, was enraged when she discovered I was academically almost two years behind my grade level. She accelerated my academic pace to compensate for lost time. ☐ Fortunately most of the other teachers I had thereafter maintained this higher-than-average academic standard to prepare me for college.

Bill reports that he had access to ordinary IBM electric typewriters, fitted with a key guard, to complete

written classroom exercises. He relied on his dysarthric speech to communicate with teachers, aides, therapists and volunteers.

There was a teacher’s aide who took my coat on and off when I arrived to and departed from school and supervised the lunch hour. A group of volunteer women fed us lunch and brought us to and from speech, physical and occupational therapies, which were provided during half-hour sessions on a weekly basis.

Bill reports that his teachers were very supportive and played many roles:

Some even assumed teacher aide duties to be helpful. A few took on the role of being a friend during free periods. ☐ I suspect they did this to substitute for the peer friendships that many of us non-verbal students lacked.

Bill’s advice to today’s students is as follows:

Become proficient with your AAC device. ☐ Your device is your link to the world.

Become a competent user of computers. The better you are with a computer, the better your chances for securing and maintaining gainful employment.

Mary Ann Merchen began attending a residential school for children in Illinois beginning in the mid 1960s at the age of 8. She graduated from college in 1983 and has “taken classes off and on ever since.” Reflecting upon the quality of her education, she said, “Overall it was good in all areas. Both teachers and speech-language pathologists were helpful.”

Mary Ann was a pioneer in AAC devices and assistive technology. For example, she used Talking Books and writing aids such as the CyberType, a semi-portable typewriter, and the AutoCom, an early speech generating device (SGD). She also had writers assigned to assist her during classes.

Mary Ann feels that everyone with complex communication needs should have the option to use an SGD, and she notes, “The devices don’t need to be very sophisticated to be useful.” ☐ Her recommendation to students today is to learn to use SGDs and computers.

Despite the fact that SGDs may be frustrating to use sometimes, ☐ don’t stop using them. ☐ They are better than having people play “twenty questions.” In addition, learn to use computers and to access them using alternative keyboards or switches (not your SGD). Then, when your SGD is being repaired, you won’t be without a voice.

David Chapple began attending Ohio schools during the 1970s and went to college in the late 1980s and early 1990s. He entered school at the age of six and graduated from high school at age 18. From kindergarten through ninth grade, he was enrolled in a school for children with disabilities. In high school, he was mainstreamed and took part in dances and other school functions. He reports receiving a good education with good instruction in all his subjects. He communicated using a Bliss Symbol Board until 1993, just before his last year in college, when he began using an SGD. He graduated from college with a B.S. in computer science.

In school, David had attendant care, test proctoring, note taking and writing assistance. He experienced professionals as supportive.

When I was at the “special school,” I had a speech therapist who made sure I could express my feelings and thoughts. She educated everybody at the school about how I communicated. She also taught me always to be heard and never be left out.

His advice to today’s students is

Start using an AAC device as early as possible and push the school to

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maintain it and teach you how to use it effectively.

Lauren Baxter attended regular schools in Michigan, Texas and Kentucky during the 1980s and early 1990s. She reports,

I wasn't always disabled. I was your classic "wild child," skimming through life and taking it all for granted. Then one afternoon in late June of 1991 at the age of seventeen, I suffered a devastating brain-stem stroke. The stroke left me quadriplegic with no speech.

Before she became "locked-in" as a result of the stroke, Lauren attended regular education classes in her neighborhood schools. She said, "I received an excellent education. I paid attention to my teachers and asked questions when I didn't understand something." She noted that in the 1980s most students were beginning to use computers.

Lauren began taking college courses in her early twenties and hopes someday to have a degree in English. Her advice to others is to

Study hard. Absorb as much knowledge as you can because someday you may have to depend on your brain alone.

Johana Schwartz, who manages the Writers Brigade and is the writing coach for each participant, entered school in the 1980s. Her parents chose to circumvent the public school system in California, so she was mainstreamed in a private school from preschool until the 9th grade.

The small class size in a private school afforded my teachers time to support me in learning to read, write and do other coursework and in using my communication device. Also, private schools gave us more control over the quality of the aides assisting me in the classroom.

A factor in being successful with my speech generating device (SGD) was the consistent support throughout my

education of a tireless and creative AAC specialist.

In 9th grade (1995), Johana began attending her local public high school, where she took honors and Advanced Placement classes. She noted that the aides recruited by public school officials did not always support the use of AAC technology, even though she was self sufficient when given access to her device.

I was the first student in my school to use an AAC device. My teachers' limited experience with AAC technologies, combined with the large class size and the complexity of the curriculum, made it difficult for teachers to support my participation. For example, my teachers did not base the content of each class meeting on a syllabus. Thus, they could not anticipate the direction of class discussions. I was unable to prepare my comments in advance, and there were too many students to stop and wait for me while I prepared. As a result, teachers waived the participation component of my grade. Near the end of high school, when email became more prevalent, one teacher agreed to let me email my comments after class meetings. I still felt at a disadvantage, however, because the main points had already been voiced during class.

Johana used her SGD to converse and do all her written work (except in math, economics, physics, and chemistry because symbols and graphs were not available and equations could not be displayed vertically). Her biology teacher asked her to withdraw from the class, and Johana "agreed only because I could enroll simultaneously at the junior college and take the class there." Taking a reduced workload during the school year and enrolling in classes at the community college during the summer enabled her to keep up with her classes and helped her succeed in college subsequently.

Her recommendations for today's students who rely on AAC are as follows:

Meet with teachers and explain your needs at the beginning of each school year. Specify how much extra time you need for taking exams (for me, about twice the allotted time). Be specific.

Take honors classes if you qualify. There are several advantages: (1) a consistent group of students who get to know each other, (2) smaller classes and (3) teachers who are more motivated to support you. Also, teachers and students in these classes tend to have more enlightened world views.

Summary

Between the lines of these individual reports by individuals who rely on AAC may lie some intriguing lessons, such as:

Teach staff to help students learn the skills they need to get themselves heard.

Teach students sophisticated computer skills in order to compensate for the narrowness of future vocational options.

Teach aides how to support students in ways that enable them to access to the general curriculum.

Their advice, also, is remarkably similar. Learn to use communication tools. Master the computer. Learn to stand up for yourself. Each participant in the AAC-RERC Writers Brigade relies on an SGD, a computer and other assistive technologies and communication modes to converse and write. All report benefiting from their educational experiences. All are lifelong learners and successful adults. They participate in the AAC-RERC Writers Brigade to further develop their writing skills, get their work published, expand their employment history and concurrently help spread to a broad audience the word about current research and development activities in the area of AAC.

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SPREAD THE WORD

University & Research



AAC services in the schools: A survey

I recently conducted a survey about current AAC practices and perceived needs in the U.S.. Eighteen professionals working with children who receive AAC services in the schools responded. The survey was a convenience sample with a small *n* and is not representative. In preparing the survey questions, I consulted with master clinicians and reviewed literature in this area. [See Resources on page 8.]

A majority of respondents work in the schools as speech-language pathologists (SLPs). Some are employed by school districts; others work as private practitioners or for state departments of education, pediatric rehabilitation hospitals or private agencies. They describe themselves as service providers, educators and administrators with titles that include SLP and AT Specialist, AAC and AT Specialist, Coordinator of AT services, Director, Educational Technology/AAC Specialist, *etc.*. Many have worked in their current job for more than a decade [mean=13 years; range=8 months to 29 years.] They currently work in general and special education classrooms, preschools, residential schools for people with disabilities, charter schools, hospitals and public or private schools for children with disabilities. They serve children from birth to 21-28 years (depending upon the policy of their employers). Respondents estimated the percentage of children on their current caseloads to be as follows: Cerebral palsy. From 5% to 100% (M=36%) Autism. From 4% to 70% (M=24%)

Developmental disabilities (unspecified). From 5% to 70% (M=11%).

Other diagnostic categories: Genetic syndromes (*e.g.*, Rhett, Angelmans, Fragile X); traumatic brain injury; visual and/or hearing impairments; other health-impaired and a range of other low-incidence conditions (*e.g.*, Lymes disease, bipolar disorder). (Very small percentages.)

Respondents said they did direct therapy, staff training, periodic consultation, assessment, funding, family training and support, administration of AAC/AT programs and more. They listed many challenges in all the above areas.

The survey asked respondents to answer statements aimed at ascertaining how they perceive AAC services in schools today. Table III reports on those statements to which a majority of respondents either (1)

agreed or strongly agreed, (2) disagreed or strongly disagreed or (3) felt “so so” about. For example, a majority of the respondents only disagreed with three statements—all related to literacy skills development as illustrated in the table and discussed below. To summarize:

Service delivery. Respondents report that AAC/AT services are having a positive impact on students today, both inside and outside of school. They report that AAC services are positively affecting achievement, providing students with access to the curriculum and to instruction and enabling more children to participate in general education classrooms.

Professional expertise. While teachers and SLPs are aware of AAC, respondents felt they are still not adequately prepared to support ongoing programs and individual student progress. They said that the knowledge of speech-

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Table III. Survey of professionals working with children with AAC needs

ANSWERED AGREE OR STRONGLY AGREE (GREATER THAN 50% OF RESPONDENTS)	
Most students who rely on AAC use additional assistive technology to maximize their function and performance. (100%)	AAC has a positive impact on students in environments outside of school. (75%)
AAC technologies are playing a greater role in the lives of students with complex communication needs than 5 years ago. (88%)	School policy today allows children/youth to take AAC technologies home during the week, on weekends and over the summer. (71%)
AAC technologies are assisting students to address diagnostic, achievement and performance measures. (88%)	Most students I serve use low-tech displays/books/boards. (69%)
Students who rely on AAC are able to participate in the general education curriculum. (88%)	The level and quality of AAC services in public school programs have improved over the past 5 years. (65%)
Students who use AAC and have complex communication needs graduate from high school at a higher rate than they did ten years ago. (86%)	More teachers today know about AAC and how to educate a child who relies on AAC. (65%)
AAC technologies positively impact a student's rate of progress. (75%)	More parents are knowledgeable about how AAC strategies and technologies support their children in school. (56%)
AAC technologies are assisting students to access instructional materials and tools. (75%)	
ANSWERED DISAGREE OR STRONGLY DISAGREE (GREATER THAN 50% OF RESPONDENTS)	
Most students I serve use email. (69%)	
Children (preschool and elementary school) who rely on AAC strategies and technologies are receiving appropriate literacy skills development support as part of their ongoing educational program. (63%)	Children (middle and high school) who rely on AAC strategies and technologies are receiving appropriate literacy skills development support as part of their ongoing educational program. (53%)
ANSWERED FEEL "SO SO" ABOUT (GREATER THAN 47% OF RESPONDENTS)	
Children who rely on AAC have instructional aides/assistants that are well trained. (59%)	Children/youth who rely on AAC have friends (peers from school) they spend time with outside of school. (53%)
Most SLPs who work in schools today know about a broad range of AAC treatment approaches. (53%)	Performance expectations for students who use AAC technologies have increased. (52%)
Children/youth who rely on AAC are active participants in their classrooms. (53%)	Most parents are knowledgeable about how AAC strategies and technologies can support their children at home and in the community. (47%)

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language pathologists about AAC treatment approaches is only “so so.”

Family members. Respondents indicated that parents are more knowledgeable about how AAC strategies and technology can support their children at school than they are about how AAC can support communication at home and in the community.

Paraprofessionals. Respondents overwhelmingly indicated that instructional aides/assistants are not well-trained (76%). However, they (47%) also noted that, even without training, some do a good job helping students to make progress educationally and with communication.

Literacy. Surprisingly, with so much available information about the importance of developing literacy skills in children who rely on AAC, respondents said that from preschool through high school, children/youth are not receiving appropriate support to develop literacy skills as part of their ongoing educational programs.

Participation. Most respondents said that children who rely on AAC today are enrolled in self-contained classrooms or regular education classrooms with resource support. A majority (56%) said that active participation in classrooms was only “so so.” While some agreed that children who rely on AAC have friends in school (35%) and outside of school (14%), most disagreed, or said that participation is limited and depends on the advocacy efforts of family and staff. Younger children are more likely to have friends than middle or high school students.


Technology. Respondents overwhelmingly agreed that technology is playing a greater role in the lives of students with complex communication needs than it did five years ago. Students are using speech generating devices (both digitized and synthesized), low-tech displays and computers, as well as other types of assistive technology to maximize their function and performance. Very few use email.

Funding. Some respondents (35% to 41%) said it was “easy” to fund AAC devices for children from preschool through high school; others disagreed (29%) or responded “so so.” While some school districts and AT programs provide devices, many more are now asking families to seek third-party funding. In any case, devices are going

home today after parents accept responsibility.

Finally, in response to a separate question about the significant problems students and family members face in today’s schools, respondents mentioned the following:


- (1) more training for teachers and instructional assistants;
- (2) continuity of staff and programming from one year to the next;
- (3) more administrative support and planning;
- (4) a systematic focus on developing language, literacy and communication skills by speech-language pathologists and teachers;
- (5) funding for appropriate equipment;
- (6) more time;
- (7) teachers who are willing to support kids with AAC needs;
- (8) better literacy skills curricula from a younger age;
- (9) better curriculum support/adaptations;
- (10) processes that enable constant updating of AAC programs for each child.

To sum up, while there are lots of encouraging signs, technology progress may now be outstripping instructional progress. In instructional areas especially, we still have a very, long way to go. 

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