Augmentative and Alternative Communication (AAC) and the Graduate Student

Educational Experience

Samantha Florio

State University of New York at New Paltz

Abstract

This thesis examines how augmentative and alternative communication (AAC) fits into the communication disorders graduate student curriculum, as well as graduate student feelings and attitudes towards AAC. The current project was composed of two surveys: a survey of communication disorders graduate programs to determine how AAC fits into their curricula, and a survey of current communication disorders graduate students to determine their level of interest, prior knowledge, and comfort in using AAC in their future clinical practice. Results of the graduate programs survey revealed that there is no universal way that AAC is incorporated into the graduate school curriculum. Data show a mix of required, elective, or no course offered on AAC. Initial data from the graduate student survey indicate that students generally have a high degree of interest in AAC. AAC is a useful tool that speech-language pathologists may use in their clinical practice with patients, and the current study reveals a potential area of increased need in communication disorders graduate education to match student interest.

Keywords: communication disorders, augmentative and alternative communication, AAC, curriculum, graduate students, speech-language pathology

Introduction

In today's fast-paced world, where things change in an instant, it is important for people to express themselves in a timely matter and advocate for themselves in a meaningful way. Without rapid communication or a quick response, people are often spoken over, and their thoughts and ideas may be disregarded. This feat may be hard for people with complex communication needs who find difficulty expressing themselves verbally. These populations may include people with autism spectrum disorders (ASD), people who are on ventilators in a healthcare facility, and those who have sustained a stroke and now have difficulty with speech, among others. Without the ability to communicate effectively, one may feel disconnected from their friends and family and as if their needs and wants are not being heard or met.

Individuals with complex communication needs, or those who lack the speech and language skills to meet their needs, may rely on using augmentative and alternative communication (AAC) modalities to facilitate and aid communication (The University of Queensland, 2018). It is estimated that 3.5 million Americans have a speech disability to the level that people have significant difficulty understanding them. This can include people without any speech and those with other physical disabilities that prevent expressive communication using gestures, writing, or typing (AAC Institute, n.d.). AAC can be of use for people of all ages who are experiencing a short- or long-term communication difficulty. AAC can be used temporarily for people who may have had vocal surgery and now need to be on vocal rest, or long-term to supplement the communication needs of a person with a neuromuscular disorder, like amyotrophic lateral sclerosis (ALS). The American Speech-Language-Hearing Association (ASHA) divides AAC into two different categories: augmentative communication and alternative communication. Augmentative communication is defined as an addition to one's speech, and

alternative communication is defined as in place of one's speech (American Speech-Language-Hearing Association, n.d.a). Augmentative communication can take the form of adding sign language or a picture to one's speech to make the message clearer and more understandable. Alternative communication is a different way of communicating, not using speech. (AssistiveWare, 2019.).

Background

Speech-language pathologists often have clients with complex communication needs and require the use of AAC. The role of a speech-language pathologist includes the prevention, assessment, and treatment of communication and swallowing disorders. These roles cover populations across the lifespan from infancy to older stages of life. The clients who speech-language pathologists work with are diverse and for that reason, the services provided must be conducted with the cultural and linguistic background of the client in mind. When this is taken into consideration, combined with evidence-based practice, the speech-language pathologist ensures that they are doing all they can to achieve the best outcomes for their client with communication and/or swallowing disorders (American Speech-Language-Hearing Association, 2007).

The educational requirements to acquire a degree and become a licensed speech-language pathologist include attending an accredited graduate program in the field. All speech-language pathologists need to have completed a graduate program in speech-language pathology to apply for certification and licensure to practice. The graduate program needs to be accredited to allow for its graduates to become licensed. Accredited graduate programs must meet certain criteria and standards set by the Council on Academic Accreditation (CAA). The Council on Academic Accreditation (CAA) sets the accreditation standards for both speech-language pathology and

audiology graduate programs to ensure that the graduate program meets the requirements to train and educate competent future professionals in the field. The CAA is affiliated with the American Speech-Language-Hearing Association (ASHA) and is responsible for overseeing graduate programs and guaranteeing the quality of education that students receive.

Accredited programs by the CAA are programs that have met and continually meet the standards set by the CAA during routine reaccreditation. Candidate programs are in the process of becoming accredited by the CAA. These programs are newly developed (within the past 5 years) and must demonstrate the ability to adhere to the CAA standards. Candidate programs are recognized by the CAA and therefore are permitted to award degrees to their students. One of the standards set by ASHA and the CAA is that the program must cover the 'Big Nine' areas of the speech-language pathology scope of practice. The 'Big Nine' is determined by ASHA and includes the following nine topics: articulation/speech sound disorders, fluency, voice and resonance (including respiration and phonation), receptive and expressive language, hearing (including the impact on speech and language), swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; oral function for feeding; orofacial myofunction), cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning), social aspects of communication (challenging behavior, ineffective social skills, lack of communication opportunities), and communication modalities (including oral, manual, augmentative and alternative communication techniques, and assistive technologies) (American Speech-Language-Hearing Association, n.d.b).

AAC falls under the 'Big Nine' category of 'communication modalities.' As noted in the paragraph above, the 'communication modalities' category can include information or courses on oral and manual communication, AAC, and assistive technology (AT). Individual graduate

programs have the discretion to meet the requirements through standalone courses or through components of multiple courses across the graduate curriculum. These courses and their curriculum are reviewed and evaluated by the CAA to ensure they meet the requirements. This requirement may have played a role in graduate programs allowing AAC courses to be electives or not even courses at all. The 'communication modalities' course may be fulfilled by a course on sign language (checking the box of 'manual communication'). While AAC may fall under the category of 'communication modalities,' it is not the only topic that can be covered under this requirement, thereby leaving room for interpretation, and allowing other courses to fill in the gaps (Assistive Technology Industry Association, 2017.). AAC may also be addressed in conjunction with other course topics, like child language, autism spectrum disorders (ASD), and motor speech disorders. This means that some programs may not have a stand-alone course because the topic is embedded in the assessment and treatment of specific types of communication disorders, and therefore part of that class.

As mentioned previously, AAC can be used with a variety of populations with a wide age range and various diagnoses. AAC can be a tool used by individuals in school, employment, and overall daily life activities (McNaughton et al., 2019). Due to the complexity and forms in which AAC can be used, speech-language pathologists need proper training to understand and aid their clients and their needs when using AAC. While individuals with complex communication needs do find benefits in using AAC, they still experience communication breakdowns. These breakdowns can be seen in areas ranging from education to healthcare, where people experience difficulties communicating in these settings. Learning and tailoring the utilization of AAC to a specific person and their needs is imperative to create a successful plan to minimize potential communication breakdowns. In order to successfully aid their clients, graduate students and

speech-language pathologists need to have been adequately trained to support their clients who use AAC (Light et al., 2015). Completing graduate school and obtaining a Clinical Fellowship (CF) in speech-language pathology (followed by a Certificate of Clinical Competence – CCC) provides a clinician with the initial credentials to begin their practice. While speech-language pathology preparation begins in graduate school, many clinicians receive more training through mentored work environments and continuing education units (CEUs). All certified speech-language pathologists are required to (at a minimum) take 10 continuing education hours per year.

Industry Research

In 2011, the Assistive Technology Industry Association (ATIA) surveyed 549 speech-language pathologists from the United States, exploring the competency and confidence of these professionals in assistive technology (AT) and augmentative and alternative communication (AAC).

The ATIA survey included questions regarding the feelings of speech-language pathologists on the following topics:

- Preparation in AAC in their undergraduate and/or graduate program
- Knowledge in using AAC in their practice
- Pre-service requirements and coursework requirements in AAC

Key results showed that 86% of speech-language pathologists reported interest in learning more about the devices and services that can help their caseload of clients with learning and communication competency. This fact is followed by another statistic that while speech-language pathologists agree on the relevance and importance of AT and AAC in their practice, there is a deficiency in the ability of speech-language pathologists to provide those services. The

numbers show that a mere 9% of speech-language pathologists who work with adults and 12% who work with children believe adequate competent speech-language pathologists are working with AT and AAC today (Assistive Technology Industry Association, 2017.).

The speech-language pathologists expressed similar beliefs about their own competencies in using AT and AAC. 74% of speech-language pathologists surveyed fail to think they received proper undergraduate or graduate education/preparation in AT and AAC (Assistive Technology Industry Association, 2017.).

Another area to investigate regarding AT and AAC in the world of speech-language pathology is the feelings and attitudes of speech-language pathologists. Since current speech-language pathologists are the ones teaching undergraduate and graduate students about AT and AAC, their feelings, attitudes, and interests may directly impact the feelings, attitudes, and interests of the undergraduate and graduate students.

While there is a somewhat uniform desire to learn about AT and AAC, the attitudes regarding AT and AAC as clinical tools aren't as succinct. According to the survey conducted by ATIA, while a number of speech-language pathologists find excitement in using AT and AAC in their practice, some speech-language pathologists lacked interest in AT and AAC, finding no relevancy in the area (Assistive Technology Industry Association, 2017.).

Current speech-language pathologists cited a lack of coursework specifically geared towards AAC and AT as a reason for poor preparation in that specific area. The top barrier to AAC and AT knowledge expressed by the speech-language pathologists in the survey was the lack of time and attention specifically geared toward AAC and AT. An elective AAC course is often put in place in graduate schools as an option when a required course isn't part of their curriculum. A look at the numbers shows that 67% of speech-language pathologists who work

with children and 78% of speech-language pathologists who work with adults said having more required courses on AAC are important in ensuring graduating students have an effective background in AAC to provide treatment (Assistive Technology Industry Association, 2017.).

According to ATIA, the speech-language pathologists surveyed, expressed the need for more availability of AAC and AT in continuing education. They believe this would increase the number of speech-language pathologists with the skills needed to adequately use AAC in practice. The speech-language pathologists still maintained that the most effective way to increase AAC knowledge in the field is through pre-service requirements, or through the required graduate school curriculum (Assistive Technology Industry Association, 2017.).

Current Project

The goal of this project is to explore the role formal coursework in augmentative and alternative communication (AAC) takes in graduate school education for speech-language pathologists. Themes from the 2011 ATIA survey of speech-language pathologists, including interest, knowledge, and comfort in using AAC will be considered with graduate speech-language pathology students. Additionally, the student's interests will be compared against the curriculum requirements of speech-language pathology graduate programs in the United States.

By the end of this project, the goal is to gain an understanding of the graduate student's perspective regarding their academic preparation surrounding AAC use in their clinical practice. By doing a review of the accredited graduate programs and their curricula regarding AAC, a comparison can be made between student interest and competence and the academic resources provided to them during their graduate school career.

The study aims to answer the following questions:

1. How does AAC fit into the graduate school curriculum? Is a difference found between how accredited schools and candidate schools incorporate AAC into their curricula?

2. Do graduate students feel that their program adequately prepared them to use AAC in their future clinical practice?

3. How interested, comfortable, and knowledgeable are current communication disorders graduate students in AAC? How do these results compare to the feelings of current licensed speech-language pathologists?

4. Does the level of interest in AAC by graduate students match the course offerings of graduate schools?

Methods

The first part of the study, a quantitative study of current speech-language pathology graduate program (M.A., M.S., M.C.D., M.Ed., etc.) curricula, was conducted to examine aim 1 and determine the number of programs that offer a course in AAC. This was taken further to investigate the course type – if it was a required or an elective course. The number of credit hours the course provided students was documented. The semester (or time when the course is taken) was noted in the data, as well. Programs that did not have a required or elective AAC course were flagged as programs without an AAC educational requirement. The ASHA EdFind tool provided a list of accredited graduate programs. The master's programs considered had to be accredited by the CAA.

A quantitative survey, based on the questions of the 2011 ATIA survey of practicing speech-language pathologists, was developed to ask speech-language pathology graduate

students about their feelings towards augmentative and alternative communication (AAC).

Questions addressed themes of level of interest, prior knowledge, and comfort in using

augmentative and alternative communication modalities (AAC) in their future clinical practice

and aimed to examine aims 2-4. Refer to Appendix A for full survey questions. The survey was

administered via the online survey platform, Qualtrics and sent to speech-language pathology

graduate students via graduate program directors/department chairs and through speech-language

pathology Facebook groups. Results were tabulated using percentages and then graphed. The

data are reported below.

      The graduate students were asked for background information about their standing in their

graduate program (first year vs. second year) and their previous clinical placements (including

the setting and populations they worked with). The questions following those asked them to rate

their feelings towards AAC and its use in practice. Some questions addressed their comfort,

educational history/knowledge on AAC, and interest. A question at the end of the survey asked

about the student's interest in taking continuing education units (CEUs) on AAC in the future.

Participants

      The author utilized the EdFind tool on the American Speech-Language-Hearing

Association's website for the first part of this study. EdFind provides the public with information

regarding currently accredited and candidate speech-language pathology and audiology graduate

degree programs. This study collected data from accredited and candidate speech-language

pathology programs in the United States and Puerto Rico, audiology programs were not included

in the data collection.

309 programs in total were surveyed; 280 programs were accredited, and 29 programs were candidates for accreditation by the CAA. Both accredited and candidate programs were surveyed in this study.
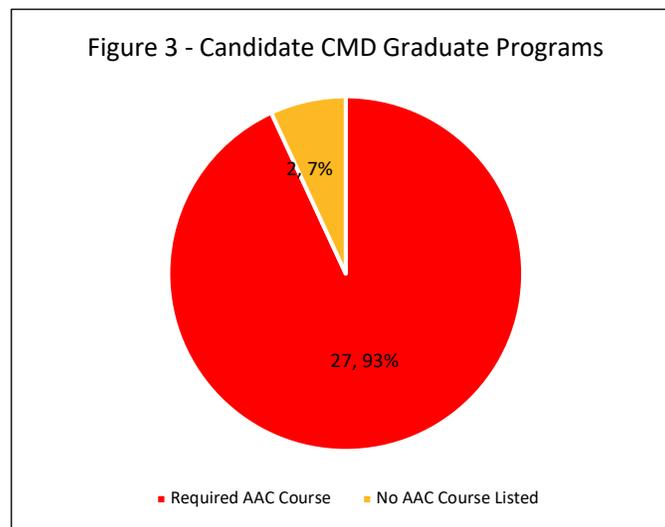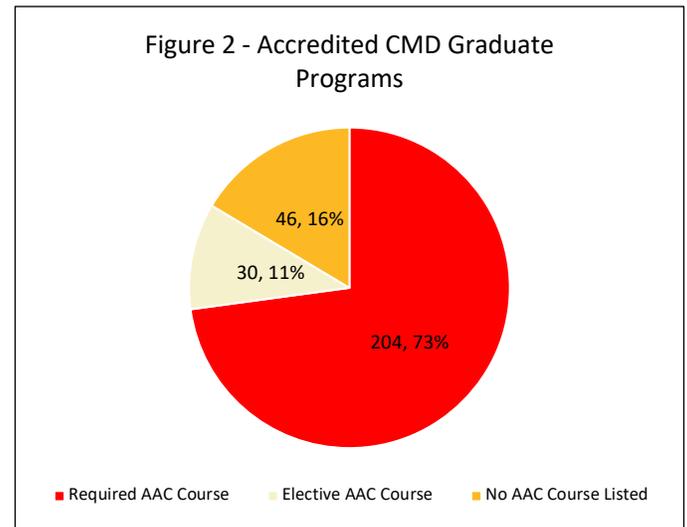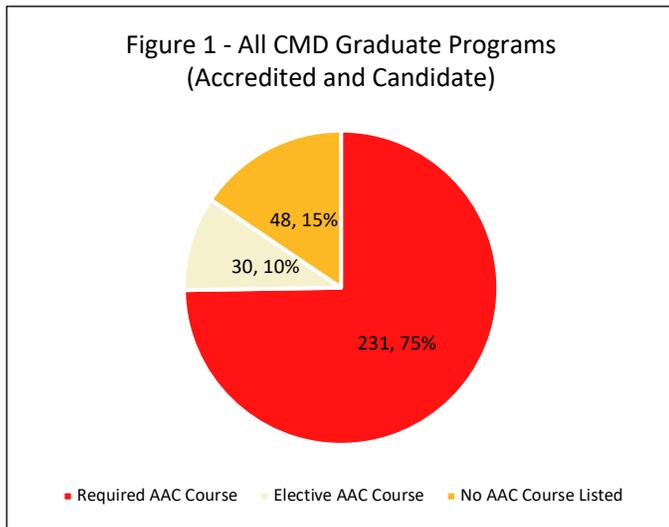
The participants for the second part of the study (aims 2-3) included first and second year graduate students currently attending a communication disorders/speech-language pathology graduate program. A total of 24 first- and second-year graduate students from speech-language pathology programs in six states completed the online survey. Data from all are included in the results. The participants were not required to have a prior undergraduate degree in communication disorders.

Results

Data from the first part of the study was used to determine the breakdown of AAC courses in all speech-language pathology graduate programs and to answer study aim 1. This data included course information from both accredited and candidate programs. The recorded data included if the program had a required, elective, or no course on AAC. Figure 1 shows that 75% of all graduate programs have a required course on AAC in their curriculum. When looking into the number of programs with elective AAC courses, the results show that 10% of programs have an elective course. The remaining 15% of programs fail to have an AAC course in their curriculum.

Study aim 1 was further researched to see how both accredited and candidate programs incorporate AAC into their curriculum. Figure 2 and 3 shows the data from accredited programs and candidate programs, respectively. Figure 2 data demonstrates that 73% of accredited programs have a required AAC course, 11% of the programs have an elective course, and 16% have no AAC course listed. Figure 3 data from the candidate programs shows that 93% of

programs have a required AAC course and 7% of programs have no AAC course. No candidate

programs have an elective AAC course. Figures 1-3 illustrate the AAC coursework breakdown in

speech-language pathology programs, as seen below.

Figure 1 - All CMD Graduate Programs (Accredited and Candidate)

Figure 2 - Accredited CMD Graduate Programs

Figure 3 - Candidate CMD Graduate Programs

Figures 4 and 5 represent the number of programs in each state without an AAC course

and states with an elective AAC course. Based on the number of states, there doesn't seem to be

any trends regarding geographical area or regions with no AAC course or an elective course.

Figures 4 and 5 are shown below.

F4 - Number of Programs/State without AAC course

F5 - Number of Programs/State with Elective AAC course
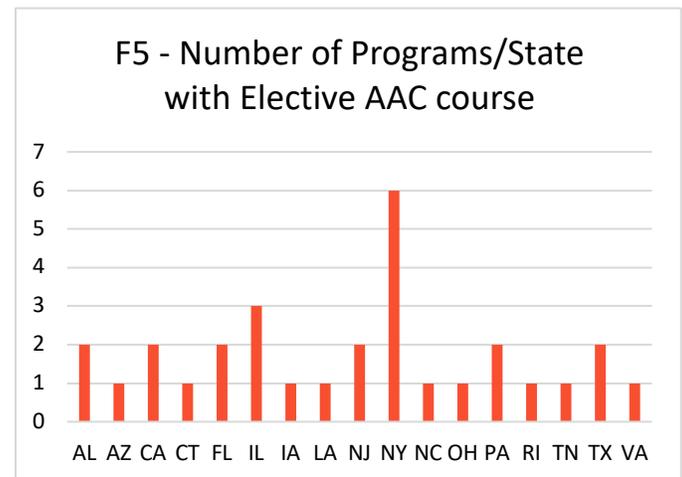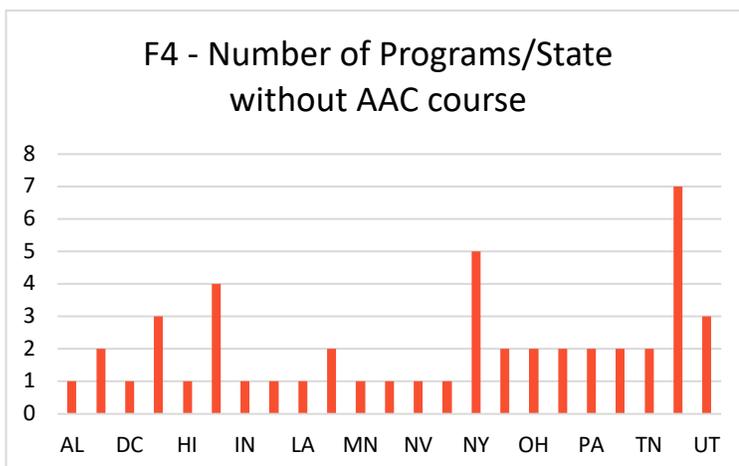
The feelings, experiences, and attitudes of graduate students served to answer study aims 2-3. This was done through Yes/No questions and Likert scale questions. Figure 6 questions ask about prior coursework, prior clients, and overall feelings of preparedness in AAC. These results can be easily analyzed due to their Yes/No nature. Of the 24 results that were received prior to data analysis, only 3 students had taken an AAC course; that number represents 12.5% of the data. Data from the question, "If you have NOT taken an AAC course, would you take a course about AAC if it was an elective offered by your graduate school?" received an 100% response rate of "Yes."

The data shows that there are a mix of students who had and had not used AAC with their clients. Around 42% of students had used AAC with their clients, while 58% had not used AAC with their clients.

The final question in Figure 6 shows that 37.5% feel that their graduate program has adequately prepared them for using AAC with future clients.

Likert scale questions in Figure 7 gauged the interest, comfort, and knowledge of graduate students in using and learning about AAC. Likert scale was used to give students more options and flexibility in answering.

Data from Figure 7 demonstrates the high interest of students regarding AAC, but also shows their mixed feelings regarding their comfort and knowledge in the area. 100% of survey participants elected the "interested" or "extremely interested" choice for the question, "How interested are you in learning more about AAC and how it can be used in clinical practice?" The responses to the question, "How interested would you be in taking a continuing education course (CEU) on the topic of AAC in the future?" also produced similar, but less definitive results. 87.5% of those results were for the "interested" or "extremely interested" choice. 2 participants elected the "only slightly interested" choice and 1 chose "neutral;" no participants elected the "not at all interested" choice. The comfort and knowledge questions elicited more mixed results. 50% of participants chose "not at all comfortable" or "only slightly comfortable" to the question, "How comfortable are you using AAC currently?" The least number of results were for the "extremely comfortable" option and accounted for 12.5% of results. The question, "How knowledgeable do you feel about the benefits of AAC for your clients? If asked, how comfortable would you feel explaining these benefits to a client/client's family?" provided more positively skewed results. 58% of participants chose "knowledgeable" or "extremely knowledgeable" for this question. Figures 6 and 7 are shown below.

Figure 6 - Forced Choice – 2 Choice Questions	Yes	No
Have you taken an AAC course so far in graduate school?	3	21
If you have NOT taken an AAC course, would you take a course about AAC if it was an elective offered by your graduate school?	21	0
Do you have any experience using AAC with clients in the field?	10	14
Do you feel that your graduate program has adequately prepared you for using AAC with your clients in the future?	9	15

Figure 7 - Likert Scale Questions	1 not at all interested/ comfortable/ knowledgeable	2 only slightly interested/ comfortable/ knowledgeable	3 neutral	4 interested/ comfortable/ knowledgeable	5 extremely interested/ comfortable/ knowledgeable
How interested are you in learning more about AAC and how it can be used in clinical practice?	0	0	0	15	9
How comfortable are you using AAC currently?	6	6	4	5	3
How knowledgeable do you feel about the benefits of AAC for your clients? If asked, how comfortable would you feel explaining these benefits to a client/client's family?	2	6	2	10	4
How interested would you be in taking a continuing education course (CEU) on the topic of AAC in the future?	0	2	1	13	8

Discussion

      The data of the graduate programs survey (Figures 1-3) revealed that there is no universal way that AAC is incorporated into graduate school curricula. Data shows a mix of required, elective, or no course offered on AAC amongst currently accredited programs. Candidate schools had a higher percentage of AAC courses that were required (93%), as compared to currently accredited programs (73%). Candidate schools only list AAC in a required course form (93%) or no course (7%); the elective course option is not found in candidate schools. This may indicate that newer programs are beginning to incorporate AAC into their curricula more than currently accredited programs.

      When looking at Figure 2 and 3, the data shows that the candidate programs have a much higher percentage of AAC being a required course, as compared to accredited programs. While the currently accredited programs data closely reflected that of all graduate programs, there is an increase in 1% of accredited programs with an elective or no AAC course. The Figure 2 data shows a 2% decrease in number of programs with a required AAC course. While those changes are minor, it does reveal that the high number of candidate programs with required courses are responsible for the slight change in numbers that pull the required course percentage from 73% to 75%.

      Data from the survey of graduate programs is population data. All programs that are recognized by the CAA and ASHA were surveyed to determine curricula and course requirements.

      The high number of programs in New York and Texas without an AAC course and those with electives, can be attributed to the high number of programs in those states. Figures 4 and 5

break down the programs by state, but there does not seem to be any regional or geographical trends behind the programs and their curriculum requirements.

Initial data from the graduate student survey indicate that students generally have a high degree of interest in AAC, but don't believe they have the proper level of education and knowledge in the area. A majority of students surveyed had not taken a course on AAC in their graduate program but would take the course if they were given the elective choice. Interest was also expressed in taking continuing education units (CEUs) on the topic of AAC.

When comparing the number of students who have taken an AAC course and those who have used AAC with clients in the field (Figure 6), the numbers show that most current graduate students are treating clients prior to any educational background in AAC. It should be noted that most graduate programs have their students start their clinical placements in the first or second semester of their first year. Coursework is ongoing through the end of the second year. This fact means that students will inevitably treat clients prior to finishing all coursework and learning about all areas of speech-language pathology; it is most likely not specific to AAC.

The final statement on Figure 6 shows an interesting result. There is a higher number of students who feel prepared by their graduate program in using AAC as compared to those who have taken a course in AAC. This higher percentage could be due to the number of students who have used AAC with clients already, as the experiences of speech-language pathologists largely come from their clients and practice. Their educational background provides foundational knowledge, but it is not uncommon for new graduates to feel unprepared prior to working.

When comparing the data in Figure 7, it shows how students are more comfortable in their skills when discussing the topic and benefits of AAC, but less comfortable when using AAC in practice.

Data from the second part of the study is sample data. Only a small amount of all the speech-language pathology graduate students in the United States were surveyed.

Conclusion

The current survey of graduate students can be compared to a recent study of licensed speech-language pathologists, who expressed a desire to learn about AAC, but believe the field lacks proper education and competent speech-language pathologists in AAC. The current study reveals that there may be a potential area of increased need in communication disorders graduate education to match student interest. Current speech-language pathologists and graduate students both cite a lack of adequate preparation in AAC. Since AAC needs to be tailored to the individual and their needs, the lack of universal and consistent education on the topic is concerning as it can have harmful impacts on patients and their needs. While there are post-graduate opportunities for speech-language pathologists to learn about and become skilled in AAC, initial preparation would be beneficial at the graduate educational level.

This study is utilizing pilot data for the survey of graduate students and their feelings towards their graduate school preparation in AAC. Due to this fact, the data should be interpreted with caution. Data collection is still ongoing as this project continues to make more concrete and large-scale conclusions about the feelings of communication disorders graduate students. The data gathered from graduate students had a large cluster of responses from the Northeast (specifically including New Jersey and Rhode Island), and while no definitive conclusion can be made from that, it is important to note that geographical region may play a role in the responses and the trends.

The survey regarding graduate students and their feelings will be kept open so data can continue being gathered and updated. The more data gathered will increase the validity of the

results and allow for more generalizations to be made. Future versions of the study may include

revisions to the questions asked. These revisions may include a question regarding who taught

the AAC course (did it only include a professor or was a person who uses AAC included) and a

question regarding how many credits the AAC course awarded students.

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Appendix A

Graduate Students Survey Questions

1. **Are you currently a student in a speech-language pathology/communication disorders master's program?**
   Yes
   No
   If no, please exit the study
2. **What is your current year in graduate school?**
   First year
   Second year
   Other (please explain)
3. **What is your expected graduation year?**
   Fill in
4. **In what state do you attend graduate school?**
   Fill in
5. **Did you complete your undergraduate degree in communication disorders?**
   Yes
   No
6. **If no, what field of study was your undergraduate degree completed in?**
   Fill in
7. **What is your most desired setting to work in after graduation?**
   School
   Private Practice
   SNF
   Hospital
   Rehab facility
   Other (please explain)
8. **What is your most preferred population to work with after graduation?**
   Newborns
   Children
   Adolescents
   Adults
   Other (please explain)
9. **What setting(s) have you worked in during your internship experiences so far?**
   School
   Private Practice
   SNF
   Hospital
   Rehab
   Other (please explain)
10. **How would you personally define augmentative and alternative communication (AAC)?**
    Fill in
11. **Have you taken an AAC course so far in graduate school?**

Yes? No?

12. If you have taken an AAC course, was it a required course or an elective course?
Required
Elective
N/A, I have not taken a course on AAC in graduate school

13. If you have taken an AAC course, when was the course offered?
Fall semester
Spring semester
Summer intersession
Winter intersession
Other (please explain)

14. If you have NOT taken an AAC course, would you take a course about AAC if it was an elective offered by your graduate school?
Yes
No
Why/Why Not

15. Do you have any experience using AAC with clients in the field?
Yes
No

16. Approximately how many clients have you used AAC with?
None
1-5
6-10
More than 10

17. Please describe the settings and populations you worked with using AAC, if any. Select all that apply
Setting:
School
Private Practice
SNF
Hospital
Rehab facility

Populations:
Newborns
Children
Adolescents
Adults
Other (please explain)

18. How often do you anticipate that you will use AAC in practice?
Almost never
Occasionally
Somewhat often – once or twice a week
Very often - more than once or twice a week but not every day
Daily

19. How interested are you in learning more about AAC and how it can be used in clinical practice?
Not at all interested
Only slightly interested
Neutral/Neither interested nor uninterested
Interested
Extremely interested

20. How comfortable are you using AAC currently?
Not at all comfortable
Somewhat uncomfortable
Neither comfortable nor uncomfortable
Somewhat comfortable
Very comfortable

21. How knowledgeable do you feel about the benefits of AAC for your clients? If asked, how comfortable would you feel explaining these benefits to a client/client's family?
Not at all comfortable
Somewhat uncomfortable
Neither comfortable nor uncomfortable
Somewhat comfortable
Very comfortable

22. Do you feel that your graduate program has adequately prepared you for using AAC with your clients in the future?
Yes
No

23. How interested would you be in taking a continuing education course (CEU) on the topic of AAC in the future?
Not at all interested
Only slightly interested
Neither interested nor uninterested
Interested
Very interested