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# Augmentative and Alternative Communication: Knowledge and Skills for Service Delivery

*Special Interest Division 12, Augmentative and Alternative Communication*

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## About This Document

This Knowledge and Skills document is an official statement of the American Speech-Language-Hearing Association (ASHA) and is one of several documents that outlines the responsibilities, knowledge, and skills necessary for speech-language pathologists in the area of augmentative and alternative communication (AAC). According to the ASHA Scope of Practice for Speech-Language Pathologists (SLPs), which defines universally applicable characteristics of practice, speech-language pathologists are responsible for “establishing augmentative and alternative communication techniques and strategies including developing, selecting, and prescribing of such systems and devices” (ASHA Scope of Practice for Speech-Language Pathologists, 2001).

The knowledge and skills described within the current document build on the information from the ASHA Scope of Practice and fulfill the need for more specific procedures and protocols for serving individuals for whom speech and/or writing is precluded as a primary means of communication. SLPs who practice in this area are required to hold the Certificate of Clinical Competence in Speech-Language Pathology and to abide by the ASHA Code of Ethics. This includes Principle of Ethics II Rule B that states: “individuals shall engage in only those aspects of the profession that are within their competence, considering their level of education, training, and experience” (ASHA, 1994).

This Knowledge and Skills document was developed by a working group from ASHA Special Interest Division 12, Augmentative and Alternative Communication. Steering Committee members were Stephen Calculator (chair, document revisions committee, 2001), Amy Finch, Tracy Kovach, Ralf Schlosser, and Rose Sevcik. Michelle Ferketic and Susan Karr (ex officios) and Alex Johnson, 2000–2002 Vice President for Professional Practices in Speech-Language Pathology, provided support from the ASHA National Office. Lyle Lloyd, Anne McGann, and Doreen Blischak contributed to an earlier draft of the document.

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## Background

What follows are knowledge and skills associated with the provision of AAC services by speech-language pathologists. The stated knowledge and skills should be regarded as minimal, necessary standards that may or may not be sufficient depending on the special needs presented by individuals who may need to, or already do, rely on AAC. The knowledge and skills suggested in this document are not presented in hierarchical order. They are also not mutually exclusive; there is considerable overlap across them.

AAC is a multidisciplinary field that requires skills that transcend the typical discipline-specific training received by speech-language pathologists, physical therapists, occupational therapists, educators, and other professionals who may serve on an AAC team. (Note: the term multidisciplinary is used throughout this document to denote involvement by two or more team members. These team members often collaborate in an interdisciplinary or transdisciplinary manner of service delivery.)

## Definitions

Not all SLPs are expected to engage in all areas of AAC practice. However, all SLPs are expected to recognize situations in which mentoring, consultation, and/or referral to another professional are necessary to provide quality services to individuals who may benefit from AAC.

AAC services should be consumer driven; individuals who use AAC, and their families, should play key roles as members of a team. In most cases the service delivery model of choice is the transdisciplinary approach, encouraging extensive collaboration between team members, role release of skills to and from one another, and maximizing each team member's skills and contributions to the team.

Still, each team member is expected to possess skills specific to his or her discipline. For example, SLPs are rarely called on to do seating and positioning assessment. Instead, they are more likely to refer to the appropriate team member, often a physical therapist, to carry out such an assessment. Results have great bearing on the nature of the subsequent AAC program, as do other professionals' findings with respect to individuals' motor skills (and possible means of accessing an AAC device), sensory skills (and implications for size, location, and spacing of items on a communication display), and so on. AAC assessment and intervention requires input from a team, not only an SLP.

Some terminology in AAC has changed since the previously published competencies document (ASHA, 1988). Much of the information pertaining to the terms and definitions that follow is drawn from three currently prominent texts in the field of AAC (Beukelman & Mirenda, 1998; Glennen & DeCoste, 1997; Lloyd, Fuller, & Arvidson, 1997).

AAC is, foremost, a set of procedures and processes by which an individual's communication skills (i.e., production as well as comprehension) can be maximized for functional and effective communication. It involves supplementing or replacing natural speech and/or writing with aided (e.g., picture communication symbols, line drawings, Blissymbols, and tangible objects) and/or unaided symbols (e.g., manual signs, gestures, and finger spelling). Whereas aided symbols require some type of transmission device, unaided symbols require only the body to produce. Many individuals with severe communication and cognitive impairments can benefit from nonsymbolic forms of AAC such as gestures (reaching for a desired object) and vocalizations that convey different emotions.

AAC also refers to the field or area of clinical, educational, and research practice to improve, temporarily or permanently, the communication skills of individuals with little or no functional speech and/or writing. Regardless of the mode(s) selected, AAC involves the utilization of symbols (e.g., single meaning pictures, alphabet-based methods, and semantic compaction) to represent individuals' communication intents.

Various types of symbols may be used alone or in combination with one another. Regardless of their particular form, all symbols are used to represent other things, concepts, and ideas.

**Knowledge and Skills**

Symbols can be aided or unaided, as described above. They can be acoustic (e.g., digitized speech and tones), graphic (e.g., photographs and writing), manual (e.g., signs and gestures), and/or tactile (e.g., tangible symbols such as those found on an object communication board). Symbols are referred to as *static* when they do not require movement or change to understand meaning and *dynamic* when they do (e.g., gestures and animated graphic symbols). Finally, symbols can be classified by their relative *iconicity*, or the degree to which they visually resemble that to which they refer. Conversely, *opaqueness* describes the lack of resemblance between symbols and that which they represent.

As indicated above, symbols and modes of communication can be classified as aided and unaided. The term “*aid*” also refers to a type of assistive device that supplements or replaces natural speech and/or writing. Aids may be electronic (e.g., a voice output communication aid) or nonelectronic (e.g., a communication board).

Individuals' uses of AAC may be enhanced by the application of different *strategies*. A strategy is a process or plan of action that is used to improve (e.g., accelerate) one's performance. Examples of strategies include topic setting and letter and word prediction.

*Technique* refers to an approach or method. This includes ways in which individuals who use AAC select or identify messages (e.g., direct selection or scanning). It also refers to types of displays, either fixed (i.e., the display remains the same before and after a symbol is activated) or dynamic (i.e., the visual display changes upon selection of a symbol, as when touching a symbol for ice cream prompts a new array of symbols depicting different flavors).

Following are the roles, knowledge base, and skills deemed necessary for SLPs to provide a continuum of services to individuals with limited natural speech and/or writing.

- 1.0 **Role:** Assessment of individuals whose impairments preclude their use of natural speech and/or writing as a primary means of communication, as well as their communication partners and the various environments in which communication occurs.

**Proficiencies:**

- 1.1 Identifying and coordinating (when necessary) the participation of other team members throughout the assessment process; recognizing the importance of collaborating with specialists, family members, and other parties as needed.
- 1.2 Determining the purpose(s) of AAC assessment, such as natural speech facilitation, temporary means of expression, alternative to natural speech, and replacement of challenging or problem behaviors with more conventional and socially acceptable forms of communication.
- 1.3 Conducting a comprehensive needs assessment and/or a discrepancy analysis to identify why an individual's level of participation in a particular activity might be restricted due to his/her lack of access to an effective means of communication.

1.4 Using authentic assessment procedures to assess and determine individuals' communication skills and needs in relation to the communication skills of other persons the same age, in everyday situations:

- background history, including cultural environment and expectations, past and present speech-language and AAC interventions, auditory and visual functioning, and physical skills as well as symbol knowledge and literacy skills.
- results of a thorough oral peripheral examination of structures and their corresponding adequacy of functioning for natural speech, short and long term.
- production of messages through vocalizations, natural speech, manual signs, graphic symbols, and other forms of communication.
- potential to use and/or increase natural speech.
- comprehension of messages conveyed by natural speech and language, gestures, graphic symbols, and other forms of communication.
- opportunities for communication with different people in different settings.
- strategies used by listeners that optimize interactions with individuals who use AAC.
- barriers to communication, including related policies, practices, attitudes, knowledge, and skills.
- federal, regional, state, and local policies and procedures that foster or impede the use of AAC.
- attitudes of others toward AAC and the individuals who use these systems of communication.
- additional information about cognitive, motor, sensory, and perceptual abilities, as well as academic achievement and work performance.
- optimal techniques for accessing items, including means of selection and size, number, spacing, and arrangement of symbols on aided devices.

1.5 Identifying the need for, and then referring to, professionals from other disciplines in order to conduct a comprehensive and integrated assessment.

1.6 Involving consumers (e.g., clients and their families) in all decision making to the greatest extent possible throughout the assessment process.

**Knowledge and skills needed:**

1.a Knowledge of typical speech-language development and ability to apply this information to individuals who rely on AAC.

1.b Knowledge of the anatomy and physiology underlying speech and language skills.

1.c Knowledge of oral-motor function and its relationship to natural speech production.

- 1.d Knowledge and skills necessary to conduct and interpret the results of a comprehensive oral peripheral examination, including assessments of the primary subsystems of speech (i.e., respiration, phonation, articulation, and resonance).
- 1.e Knowledge of the various purposes and intents underlying communication.
- 1.f Knowledge of cognitive-communication disorders.
- 1.g Knowledge of neurologic conditions and motor speech disorders in children and adults.
- 1.h Knowledge of the characteristics of syndromes and progression of symptoms in individuals with little or no natural speech and/or writing.
- 1.i Knowledge of prognostic indicators for functional natural speech and language performance in spoken and written modes.
- 1.j Skill in obtaining a thorough case history, including skills soliciting and providing information through interviewing.
- 1.k Skill participating in different models of service delivery.
- 1.l Skill interpreting and applying assessment results from other team members.
- 1.m Knowledge about and skill in administering (with and without accommodations), and interpreting results of standardized, nonstandardized, and criterion-referenced assessment procedures while maintaining reliability and validity.
- 1.n Knowledge of cultural and linguistic differences and their implications for changes in administration methods, content, and interpretation of assessment results.
- 1.o Knowledge and skill necessary to conduct unbiased, valid assessments that consider sensory, cognitive, and motor disabilities as well as cultural and linguistic differences.
- 1.p Skill assessing individuals' current and future communication needs and desires.
- 1.q Knowledge about and skill in assessing natural speech production, intelligibility, and comprehensibility.
- 1.r Knowledge about and skill in assessing spoken and written language comprehension and expression.
- 1.s Knowledge of methods and skills to obtain and analyze communication and/or language samples.
- 1.t Knowledge about reading, writing, and spelling development and disorders, and related methods of assessment.
- 1.u Knowledge and skill to assess symbol knowledge (i.e., recognition and use), and literacy/proto-literacy in reading and writing.
- 1.v Ability to assess pragmatic skills (e.g., communication intent/function, success and effectiveness of communication, discourse skills) of individuals who use AAC and persons with whom they interact.
- 1.w Ability to assess AAC users' language skills, both production and comprehension, including form (different modes of communication and their relative effectiveness, alone and in combination with one another; phonology; and syntax), content (semantics), and use (pragmatics).

- 1.x Skill in conveying assessment information and implications (e.g., recommendations, goals, and intervention suggestions), orally and in writing, to individuals who use AAC, parents and other family members, co-workers and friends, employers, and other professionals.
  - 1.y Knowledge of the roles of other professionals and skill in making referrals to appropriate professionals, agencies, and services.
  - 1.z Knowledge and skill in identifying and measuring desired outcomes in collaboration with individuals who use AAC, their families, and significant others.
  - 1.aa Knowledge of sensory, movement, and other systems that influence communication as well as speech and language development.
  - 1.bb Skill in identifying individuals who would benefit from AAC, while appreciating the significance of a zero-exclusion criterion when applied to candidacy for AAC systems.
  - 1.cc Knowledge and skill providing individuals with ample content with which to express themselves through their AAC systems.
  - 1.dd Knowledge of how language is generated on AAC systems during communication.
- 2.0 **Role:** Assessment and documentation of AAC methods, components, and strategies to maximize functional communication by individuals.
- Proficiencies:**
- 2.1 Understanding the corresponding sensory (particularly vision and hearing), motor, cognitive, linguistic, and social abilities that are needed to use different unaided and aided modes of communication.
  - 2.2 Matching features of AAC systems to capabilities of individuals being considered for those same systems.
  - 2.3 Assessing and documenting functional communication needs in environments that are relevant to an individual, including home, school, work, leisure and recreation, and elsewhere in the community.
  - 2.4 Assessing current and potential resources (e.g., other SLPs, physical therapists, occupational therapists, rehabilitative engineers, family, friends, peers, teachers, co-workers, and employers) and levels of support.
  - 2.5 Assessing individuals' and their communication partners' motivations to use, and attitudes toward, AAC.
  - 2.6 Customizing AAC systems to meet individuals' needs and skills.
  - 2.7 Modifying AAC systems as individuals' communication abilities and needs change and new technologies arise.
  - 2.8 Determining the most appropriate AAC system components relative to:
    - needs, abilities, and preferences of individuals who use AAC, and their communication partners.
    - cultural and linguistic considerations.
    - environmental considerations.
    - co-existing uses of other types of assistive technology.
  - 2.9 Implementing AAC systems that incorporate and integrate multiple modes of communication.

2.10 Teaching other professionals, family members, employers, and others how to support individuals' effective uses of their AAC systems.

**Knowledge and skills:**

- 2.a Knowledge of typical human development and disorders relative to cognitive, physical, behavioral, linguistic, sensory (particularly vision and hearing), motor, perceptual, proto-literacy and literacy skills, and corresponding implications for the selection of AAC systems.
- 2.b Knowledge of the hierarchy of evidence (e.g., empirical research, experimental single-subject designs, case studies, clinical impressions, and anecdotal experiences) that can be used to make informed decisions about the capabilities and communication needs of individuals who use AAC.
- 2.c Knowledge of cultural and linguistic patterns and what is considered to be competent communication from a particular cultural perspective.
- 2.d Knowledge of the general purposes and applications of AAC systems.
- 2.e Knowledge about, and skills in, evaluating individuals' symbolic skills, including levels of abstraction (e.g., actual objects, photographs, pictures, line drawings, and words), and complexity of symbols they can use and understand. (Note: no hierarchy has yet been demonstrated with respect to symbol abstraction in relation to ease of learning.)
- 2.f Knowledge of various aspects of aided and unaided AAC systems that include, but are not limited to:
  - design of nonelectronic communication books and communication boards.
  - gestures/manual sign.
  - graphic symbols.
  - access methods.
  - number, size, spacing, and arrangement of items on an aided device.
  - voice output communication aids.
  - spelling and text production.
  - voice recognition.
  - amplifiers and artificial phonation devices.
  - intraoral devices.
  - tracheotomy and respiratory devices.
- 2.g Knowledge of the broad array of dedicated devices that are designed specifically for AAC purposes, and their respective features (e.g., methods of access, durability, types of symbols, organization of items, auditory and visual features, modes of output [spoken and printed], flexibility, portability, and cost).
- 2.h Knowledge of the performance differences of the broad array of nondedicated devices (e.g., different forms of computer hardware and software, as well as adaptations such as touch screens and expanded keyboards that are intended for purposes that include but are not limited to communication) and their respective features. The latter include methods of access, durability, flexibility, organization

- of items, auditory and visual features, modes of output (e.g., digitized and synthesized speech; printed), portability, cost, and ability to generate quantifiable data related to system use.
- 2.i Knowledge about the broad array of switches and corresponding skills necessary to use them to access dedicated and nondedicated AAC devices.
  - 2.j Knowledge about auditory, visual, and visual perceptual skills that are necessary to access different AAC systems and skill referring to other professionals for corresponding assessments of such areas of sensory and perceptual functioning.
  - 2.k Knowledge of how seating and positioning affect body tone, reflexes, and controlled movements, all of which influence individuals' abilities to use AAC systems, and ability to collaborate with other professionals to optimize seating and positioning for AAC use.
  - 2.l Knowledge and skill assessing and documenting family dynamics and psychosocial development in relation to communication development and effectiveness.
  - 2.m Knowledge about ways of determining AAC preferences of individuals, their families, and significant others.
  - 2.n Knowledge of how to determine communication demands and opportunities associated with different environments.
  - 2.o Knowledge of the roles of communication partners in contributing to and inhibiting language, communication style, and effectiveness of individuals who use AAC.
  - 2.p Knowledge and skill assessing and documenting interaction patterns used in conversational exchanges, including conversational roles such as initiator and respondent.
  - 2.q Knowledge and skill examining individuals' communication skills relative to communication demands posed in different environments.
  - 2.r Knowledge and skill in use of techniques and strategies for promoting communication interactions, turn taking, and discourse.
  - 2.s Knowledge of methods used to customize AAC systems and ability to refer to others for assistance with customization.
  - 2.t Knowledge about the dynamic nature of AAC systems and the need to modify them over time as individuals and their conversational partners' needs, abilities, and opportunities change.
  - 2.u Knowledge of how to conduct trial assessments to determine the short- and long-term usefulness of a particular AAC system for a particular individual.
  - 2.v Knowledge and application of informed consent procedures to ensure that individuals and significant others make informed choices, particularly with respect to AAC equipment and unvalidated instructional procedures and techniques.
  - 2.w Knowledge of differences in selection rate and accuracy associated with the individuals' uses of different switches to access their AAC aids.

- 2.x Knowledge and skills measuring the selection rates of different AAC systems and using these data to assist in the process of choosing an AAC system for an individual.
- 3.0 **Role:** Development and implementation of intervention plans that maximize effective and successful communication between individuals who use AAC and their conversational partners.
- Proficiencies:**
- 3.1 Identifying components of service delivery, including:
- frequency of service.
  - providers and their respective roles.
  - settings in which intervention will take place.
  - classroom-based intervention.
  - curriculum-based intervention.
  - supports for inclusion (educational, work, leisure, etc.).
- 3.2 Developing goals and objectives, and expected levels of attainment, relative to:
- individuals' communication needs and desires.
  - individuals' abilities to use recommended communication options.
  - predetermined functional and meaningful outcomes.
  - individuals' interactions with different conversational partners in various situations and environments.
  - the need to instruct conversational partners.
- 3.3 Preparing, monitoring, documenting and analyzing goals, objectives, procedures, and progress.
- 3.4 Determining and implementing specific procedures to accomplish stated goals and objectives relative to:
- perspectives, learning styles, and preferences of individuals who use AAC and other stakeholders who affect an intervention.
  - previous findings pertaining to the relative effectiveness and acceptability of the procedures from a wide array of sources including peer-reviewed publications, single-subject designs, case studies, and clinical experiences.
- 3.5 Developing and implementing ongoing procedures to measure and evaluate the effectiveness of interventions, including their social validity as perceived and reported by various relevant stakeholders.
- 3.6 Developing plans for dismissal or discharge with predetermined criteria.
- 3.7 Identifying available private and public sources of funding for AAC equipment and related services.
- 3.8 Implementing AAC systems to their maximal capacities while maximizing individuals' corresponding capabilities.
- 3.9 Providing counseling when necessary to individuals who use AAC and other stakeholders who are important to them, including family members.

3.10 Knowledge and skills fostering individuals' communication competence, including competence producing and comprehending language, social skills and associated social exchanges, strategies for optimizing performance, and overall competence operating AAC systems.

**Knowledge and skills:**

3.a Knowledge of different service delivery models and their associated advantages and disadvantages.

3.b Knowledge of psychosocial aspects of AAC use, including:

- factors that influence others' attitudes toward individuals who use AAC.
- Factors that influence individuals' attitudes toward their own use of AAC.

3.c Knowledge of skills and potential contributions other team members can make to an AAC program, and the ability to collaborate effectively with these professionals.

3.d Knowledge and skill applying different incidental teaching/milieu approaches, and teaching others to use them to foster interactions with individuals who use AAC. These techniques, all evidence-based, include but are not limited to:

- incidental teaching.
- engineering environments to present reasons and opportunities for communication.
- expectant delay.
- mand-model.

3.e Knowledge and skill in providing environments that support communication, such as:

- having high expectations for individuals who use AAC.
- Expecting individuals who use AAC to participate actively in activities that do and do not require communication interactions, with a broad array of conversational partners.
- applied behavior analysis.
- mand-model.

3.f Knowledge and skill applying empirically based, validated models, principles, and procedures related to learning, such as:

- applied behavior analysis
- behavior modification.
- naturalistic/milieu approaches.
- strategies that promote functional communication, generalization, and maintenance of skills.
- simulated instruction.
- preteaching and rehearsal.

3.g Knowledge and skill using various techniques to measure behavioral change and communication performance, quantitatively and qualitatively, including language sample analysis.

3.h Knowledge and skill applying principles and techniques of counseling individuals who use AAC and their conversational partners, respecting cultural and linguistic differences.

3.i Knowledge of functional communication outcomes.

4.0 **Role:** Use of evidence-based practices to evaluate functional outcomes of AAC, particularly those revealing evidence of increased participation and enhanced quality of life. Such measures should be useful to, and valued by, the individual who uses AAC and/or significant others in his/her daily life.

**Proficiencies:**

4.1 Determining and applying a variety of quantitative and qualitative methods for evaluating outcomes of an AAC intervention plan, such as:

- interviews and questionnaires.
- behavioral checklists.
- observations.
- rating scales.
- language sampling.
- individual performance profiles.

4.2 Determining methods (see 4.1, above) for evaluating outcomes of an intervention plan.

4.3 Analyzing and delineating strengths and weaknesses of an intervention plan.

4.4 Using effective reporting procedures to summarize and characterize functional outcomes of intervention.

4.5 Understanding when and how to modify AAC instruction based on periodic, systematic probes and assessments of outcomes.

4.6 Appraising consumers' and others' satisfaction and acceptance of an AAC system; social validation.

4.7 Measuring changes in the quality of life of individuals who use AAC and significant others in their lives.

4.8 Contributing to and/or remaining current about the knowledge base in AAC.

**Knowledge and skills:**

4.a Knowledge of what constitutes effective communication for different individuals, respecting cultural and linguistic differences.

4.b Knowledge about and skill using systematic observation, rating scales, checklists, and questionnaires to assess relationships between behavior (including problem behavior) and communication.

4.c Knowledge and skill regarding the use of role release, including appropriate and effective utilization of families, paraprofessionals, professionals, and laypersons to teach and foster effective, functional communication skills in various natural environments.

4.d Knowledge about and skill in data collection, interpretation, and reporting procedures.

4.e Knowledge about and skill in integrating AAC instruction into natural settings, such as classrooms, work places, and homes to enhance individuals' participation in these and other meaningful environments.

4.f Knowledge about the potential effects of AAC on individuals' quality of life.

4.g Knowledge about and skill in implementing quality assurance procedures.

5.0 **Role:** Evaluation of the effectiveness and usefulness of current AAC systems, including strengths and limitations of different AAC devices and systems.

**Proficiencies:**

- 5.1 Previewing commercially available AAC devices, techniques, and symbols.
- 5.2 Evaluating the effectiveness and usefulness of AAC components in relation to the communication needs and abilities of individuals who present special challenges, such as intellectual disabilities, motor and sensory impairments, degenerative and progressive diseases. Identifying individual circumstances and their relationship to the usefulness of AAC systems.
- 5.3 Gathering and documenting information from the user of AAC, his/her family and friends, and other stakeholders regarding the overall effectiveness and usefulness of the AAC system.
- 5.4 Implementing procedures so newly introduced AAC components can be compared and contrasted with existing components.
- 5.5 Understanding situations in which AAC systems are abandoned by individuals and their conversational partners; evaluating the overall effectiveness and usefulness of current AAC systems.
- 5.6 Understanding the learning demands (e.g., social, cognitive, communication, and linguistic) imposed by AAC systems and the implications of these demands for users.

**Knowledge and skills:**

- 5.a Knowledge of technology and rehabilitation engineering services that are used commonly in AAC.
  - 5.b Knowledge of hardware and software applications that are available for AAC.
  - 5.c. Knowledge of product standards and performance ratings, when such information is available, for commercially available AAC systems.
  - 5.d Knowledge about and skill in evaluating the effectiveness and efficiency of commercially available devices, techniques, and components.
  - 5.e Knowledge about procedures that can be used to evaluate individuals' and their conversational partners' acceptance of, and attitudes toward, AAC systems.
- 6.0 **Role:** Advocating for increased responsiveness from community, regional, government, and education agencies, to the communication and funding needs of individuals who may benefit from AAC, particularly those individuals in underserved groups.

**Proficiencies:**

- 6.1 Acquiring funding for AAC components and services from various sources including, but not limited to, Medicare/Medicaid, private insurance, schools, agencies, foundations, service organizations, and grants.
- 6.2 Supporting individuals who use AAC, their families, and significant others in obtaining funding for AAC systems and services.
- 6.3 Supporting individuals who use AAC to communicate their technical, educational, career, recreational, and housing needs.
- 6.4 Providing information to the public about AAC and assistive technology.
- 6.5 Providing testimony to various government, legal, or education agencies in support of funding for AAC systems and services.

- 6.6 Informing individuals, families, and others about their rights with respect to acquiring AAC systems.
- 6.7 Teaching others to provide environments that accept individuals who use AAC and their methods of communication.
- 6.8 Advocating for timely, quality services that are directed by individuals and their families who use AAC systems.

**Knowledge and skills:**

- 6.a Knowledge of funding and referral sources.
  - 6.b Knowledge of advocacy, legal, and regulatory procedures that affect individuals who use AAC.
  - 6.c Knowledge of laws/regulations (e.g., Individuals with Disabilities Education Act, Americans with Disabilities Act, Assistive Technology Act, and Medicare regulations) regarding individuals' rights to access AAC and other forms of assistive technology.
  - 6.d Skills supporting self-advocacy by individuals who use AAC.
  - 6.e Skills using a variety of media to design and disseminate information about AAC to the community.
- 7.0 **Role:** Collaborate with individuals who use AAC for in-service training for medical and allied health professionals, educators, and family members, about ways in which AAC may enhance its users' quality of life.

**Proficiencies:**

- 7.1 Providing workshops, lectures, seminars, and in-service programs.
- 7.2 Developing continuing education products, including Web-based media.
- 7.3 Utilizing available continuing education information.
- 7.4 Collaborating with individuals who use AAC in designing and providing AAC workshops, lectures, seminars, and in-service programs.

**Knowledge and skills:**

- 7.a Knowledge of assessment and intervention approaches that have been shown to be efficacious through AAC research.
  - 7.b Knowledge of available audio-visual materials, printed and electronic materials, curriculum guides, and presenters with knowledge of AAC.
  - 7.c Skill in preparing and presenting AAC information in a variety of formats.
  - 7.d Knowledge and skill collaborating with individuals who use AAC.
- 8.0 **Role:** Coordination of AAC services.

**Proficiencies:**

- 8.1 Collaborating with other team members, including special and general educators, paraprofessionals, aides, personal care assistants, and other personnel, as well as individuals who use AAC, in all phases of AAC assessment and intervention.
- 8.2 Collaborate with professionals, families, individuals who use AAC, and others to ensure services that are responsive to the needs and desires of AAC users. In many cases this may require assuming the position of team leader or case coordinator.
- 8.3 Developing and maintaining ongoing liaisons with professionals in other disciplines and agencies.

8.4 Managing and interpreting individuals' records, including correspondence, team reports, and daily logs.

8.5 Developing and implementing budgets, financial plans, and cost analyses.

**Knowledge and skills:**

8.a Knowledge of the health care system (e.g., third party reimbursement and managed care).

8.b Knowledge of the potential application of AAC to technological advances in other fields.

8.c Knowledge of quality assurance procedures, accreditation, and certification regulations.

8.d Knowledge of roles and responsibilities of team members and other individuals who may provide periodic or consultative services.

8.e Knowledge of and skill in collaboration and supervisory techniques.

8.f Knowledge of basic management and administrative procedures.

8.g Knowledge of cost accounting and budgeting.

8.h Knowledge of current research and developments in AAC, and skills applying findings to clinical/educational practices.

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