Introduction:
For children who use Augmentative and Alternative Communication (AAC), educational inclusion should include components of Integration, Academic Participation, Social Participation, and Support (Beukelman & Mirenda, 2005). In May 2007, the parents of a child with Cerebral Palsy (CP) who was being seen at the Ithaca College Speech and Hearing Clinic decided to homeschool their child. This decision provided an opportunity to develop a model of service delivery consistent with the Participation Model. Critical components included seeking out and providing community-based academic experiences, family-based interdisciplinary goal-setting, and inclusion of AAC and assistive technology solutions to enhance language and literacy skills.

Background: Nick W. is a 10-year-old boy who was diagnosed with CP at the age of 18 months. He is primarily nonverbal and uses a DynaVox MT4 as well as gestures, word approximations, and pictures. He lives in Ithaca, New York, with his family, and a TechTalk is used to communicate.

Family-Based Service Delivery: Including the family in all aspects of intervention creates a cooperative environment where the student’s needs can be met across contexts.

1. Facilitate a family-based, interdisciplinary clinical team meeting:
   - Parent-teacher shares family priorities, homeschool curriculum and educational goals for student with the team.
   - Team designs an individualized treatment plan based on parents’ goals and student’s present level of performance.
   - Team establishes plan for ongoing communication (e.g., email, weekly meetings).

2. Create an encouraging atmosphere while providing both family education and support:
   - Set aside “indirect consultation time” to provide an educational forum for the parent-teacher to ask questions, experiment with teaching strategies, and problem solve.
   - This time should also allow the parent-teacher to express frustration and celebrate success.

Community and Curriculum-Based Learning
Homeschooling families and their intervention team use community-based activities to fulfill curriculum needs, as well as support communication and integration goals.

Parent-teacher provides the team with an outline of community activities and projects that require AAC planning and support. Clinicians implement therapy within the specific context of each community activity.

Examples of community activities may include:
Local homeschool support groups provide monthly curriculum-based activities with same-age peers:
- Geography Presentations (Report on Nepal)
- Literacy integration activities (Flat Stanley Pen Pal)
- Community events:
  - Public Library Events (Story Telling)
  - Science Fairs (Experiment and Presentation on Gravity)
- Writing Contests:
  - Reading Rainbow
  - Subway/Scholastic
  - International Society for Augmentative & Alternative Communication (ISAAC) “Many Stories One Voice”

Parent AT Training and Support:
Parent-teacher is provided with ongoing (weekly) training in the following areas:
1. Use of specific assistive technology (AT) solutions:
   - BoardMaker Plus
   - DynaVox MT4
   - News2You (www.news2you.com)
   - Visual Schedules
   - Picture Symbol Graphic Organizer

2. Techniques to target language and literacy goals while enhancing social and academic participation.
3. Designing communication boards that allow student to independently and meaningfully express knowledge.
4. Fostering opportunities for social participation.

Language and Literacy Based AT Intervention
Clinicians provide therapy related to language and literacy, incorporating topics and structure from community-based curricular opportunities.

Individualized language and literacy goals can be targeted in the context of subject specific learning, oral presentations, and writing opportunities.

Sample Story Writing Activity Procedure:
Language Goals:
  - Vocabulary
  - Sequencing
  - Concepts
Literacy Goals:
  - Story Comprehension
  - Story Grammar
  - Written Expression

1. Clinician creates customized communication page sets that allow student to select key story themes.
2. Language targets are included in the story (e.g., vocabulary, spatial concepts)
3. Clinician teaches and models story grammar via low tech symbol-based graphic organizer.
4. Student uses customized communication page sets to create unique narrative (characters, settings, events).
5. Parent-teacher is provided with ongoing (weekly) direct consultation time to write the completed, sequenced story.
6. Parent designs a home activity to illustrate story.
7. Story is programmed into the student’s speech generating device (SGD).
9. Story is programmed into the student’s speech generating device (SGD).
10. Student reads story aloud at a public library event.

Implications:
Family-based service delivery is time-intensive, but essential when providing services to a homeschooled child, as the family serves both a nurturing and educational role.

The family and intervention team must be creative in developing language and literacy goals that can be addressed within the context of community opportunities.

Partnersing with parents (both in identifying scripts and utilizing AT supports) allows them to identify and implement communication and social goals consistent with the child’s language level.

The model yielded successful for meeting the student’s language and literacy goals. It has positive implications for children in both general education and homeschool settings.

References:

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