AAC
(*Augmentative and Alternative Communication*)

School District 51
MESA COUNTY VALLEY
Engage, Equip, and Empower

AAC

What is AAC?

Augmentative and alternative communication is a term used to describe a form of communication that is designed to either supplement or replace more typical means of communication.

AAC allows for a child to be able to access the world around them through aiding language development, assisting with language planning (e.g., sentence formation) and categorizing vocabulary. AAC allows for back and forth communication for a child, which you and I experience verbally every day.

AAC can also be an aid to language development and understanding across varied settings and/or persons. One might say… "My child doesn't need AAC—I understand them just fine." While you, and other caretakers, may understand your child in the way they communicate, not everyone in their community does. AAC opens up independence, and the chance to communicate with others in restaurants, stores and school, etc.

Children without a formal diagnosis or disorder may still benefit from AAC. In schools, AAC can be recommended when there is a need for increased access to educational and/or academic settings. It may also be recommended as support if there are behavioral concerns (e.g., tantrums, self-harm, etc.) as these behaviors may be directly related to concerns or struggles in communication.

Myths

Myth: **AAC has expected requirements for use and/or implementation and cannot be used because the child is too young, they have limited motor abilities, their cognitive skills are too low, it is too early in their language development, or their behaviors have to be under control.**
Fact: It does not matter the age, cognitive level or means of access. Often, behaviors are directly related to limited means of communication.

Myth: **AAC will slow or stop an individual's motivation to improve natural speech, while negatively impacting, hindering or delaying speech and language development**.
Fact: Research shows that AAC can support and facilitate speech development. AAC requires many modes of communication, which may include combined use of vocalizations, verbal speech production, sign language, gestures and use of AAC.

Myth: **Devices are a quick fix. There is one program for everyone**.
Fact: AAC at any level requires time and training for the student, as well as caregivers and support staff for continuation of learning and/or transfer of skills.

Myth: **AAC stops once the speech therapist "leaves the room."**
Fact: AAC is a team effort and includes school staff and the family, etc. To have skills truly learned and carry-over, one must practice frequently and in multiple settings.

Myth: **AAC will limit the child's ability to communicate like their peers.**
Fact: People who use AAC can learn to read, write and form rich, complex grammatical language and social exchanges.

Myths cont.

Myth: **AAC tasks have to be structured/drill based. It's about mastery and rote learning.**
Fact: Individuals, particularly children, need room to play and explore with language. They need to understand cause and effect related to their environment without fear of penalty. Learning with AAC be a fluid and creative process.

Myth: **AAC is only worked on by the SLP, requiring additional therapy time.**
Fact: Communication occurs all day, in all settings, requiring consultation between the SLP, the IEP team, general education staff, family, etc. to maintain consistency of use and continued learning.

AAC can look like any of the following (as well as many others not pictured): low-tech eye gaze boards, alphabet boards, switches, recordable buttons, high-tech auditory output devices, eye gaze, picture exchange, etc.

What next?

I think my child, or a child I know might benefit from AAC.

What are my next steps?

- Contact your child's teacher and/or your school's speech-language pathologist.
- Contact the school district's Assistive Technology team (SWAAAC)
- Contact an AAC expert in your area to set up an AAC evaluation for the child

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SWAAAC (State-Wide, Assistive Technology, Augmentative, Alternative, Communication)

D51 Vision Statement

A knowledgeable and experienced network of teams will work together to evaluate student needs, identify and provide appropriate assistive technology solutions and ongoing support to students and staff.

The integration of assistive technology provides access to the curriculum, supports IEP goals, promotes independence, and enhances the success of our students with special needs.

What does AAC look like?

Unaided AAC may include: gestures, sign language, head nod/shake, eye blink, and may include approximations of words (*the ability to produce and most closely resemble the **word** they are attempting to verbalize*).

Low-tech devices are aids that do not need batteries, electricity or electronics to meet the user's communication needs. Aids are often created by placing letters, words, phrases, pictures and/or symbols on a board, in a book, on a visual schedule, etc. Access may vary based on physical abilities and/or limitations. Users may indicate their message by pointing, touching selections or use of a head or mouth stick or light pointer, eye gaze, etc.

Mid-tech devices are tools that require a power source (often battery operated) and are somewhat complex, therefore some training is needed to program and use the equipment. Examples of mid-tech AAC include voice output devices such as recordable buttons and devices that have multiple symbols or pictures per page and sequential message boards, like GoTalks.

High-tech devices are electronic aids that permit the storage and retrieval of messages, many of which allow the use of speech output. Such devices can also be referred to as Speech Generating Devices (SGDs). Aids may include: talking switches, electronic devices, such as tablets, and computers that include symbols, icons, pictures or written, etc.

References:
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