2020 SLP KASA Standards: Augmentative & Alternative Communication Modalities

Final Assessment of Knowledge

- A range of 5-10 pages is acceptable for your case study. Do not go over 10 pages please.
- You are expected to type your responses using APA-7 rules: double-space lines, 12-point and Times New Roman font.
- Use Spell & Grammar Check before emailing the final document. I highly encourage you to use the software "Grammarly" which is available for free through CSUF. (http://www.fullerton.edu/it/students/software/grammarly/
- On the cover page, please put: Final KASA Fall 2020 and your CWID. I will grade anonymously.

Final Case Project & Presentation

Please Choose ***Either*** the Adult, Pediatric, or Adolescent Case

CASE 1: Adult – Acquired Brain Injury – Nonfluent Expressive Aphasia

Background Simulated Case:

(based on sample cases in Mancinelli, J.M. & Klein, E.R. (2014). *Acquired Language Disorders: A Case-Based Approach, 2nd Ed*. Plural Publishing, Inc.)

History & Physical: Maurice is a 61-year-old, right-handed male admitted to the local ER after collapsing at work and with stroke in progress characterized by "slurred speech" and right upper extremity weakness. Upon admission to ER, Maurice was unable to speak in either his primary language Spanish or English. Maurice was aware of his inability to speak evidenced by his frustration and by pointing to his mouth and shaking his head in a "no" gesture.

Past Medical History: Insulin-dependent Diabetes Mellitus Type II, hypertension, morbidly obese, carotid artery occlusion bilaterally, worse on the left.

Social History: Married and lives with wife; two adult children who live within a 20-mile radius; car salesperson who works 8-10-hour days; commuted 60 minutes a day to and from work; board member on local Chamber of Commerce; wife is active in local community (library volunteer, school volunteer, church volunteer), but Maurice preferred to stay at home on most evenings and weekends and preferred to visit with a few close, long-time family friends at home. You learn from his wife that Maurice did not like to talk on the phone at home because he was on the phone or texting all day at work, and "just wanted peace and quiet" at home. His wife on the other hand was often on the phone, but didn't like to text. She was quite comfortable with a computer however and used various software applications for doing library research, making flyers, sending emails, tracking and organizing finances, and using Ebay; i.e., she was not afraid of technology.

Rehabilitation Course – AAC Throughout Recovery: ICU, Acute, SNF, Home Health

In ICU, Maurice was unable to produce automatic speech and could only produce a few vowel sounds. The CT scan revealed an extensive left sided frontal-temporal-parietal cerebral vascular infarct/ischemia that ran deep and broad. The healthcare team was concerned with

stabilizing his vitals, managing his diabetes, keeping tabs on Maurice's reported right leg pain, and tracking Maurice's speech, cognition, auditory comprehension and visual perceptual skills.

Question 1 (4-part response): As an SLP covering ICU, you received a referral for a speech-language-cognitive assessment with a request to update the physician 2x/day on the patient's status. Luckily, you were well-trained in AAC and had set up an AAC Cart in ICU so you were prepared to grab a few items to use during your standard diagnostic assessment. You understand that whatever unaided or aided AAC you introduce may be temporary, and that communication needs may change over a 48-hour period. You read the latest occupational and physical therapy assessment and note that Maurice cannot lift his right arm off the bed and cannot hold utensils or a cup with his right hand. He is able to sit with right-sided assistance on the side of the bed and can put weight on his right leg for 5 minutes before experiencing pain. The medical team has been trying to elicit more information about where the pain is located or the intensity, but Maurice can neither point to the area of concern, nor provide any spoken information to provide any useful details. You grab your diagnostic checklist for a person with severe Broca's Aphasia and begin your assessment *(address KASA competencies IV. C, D, F)*:

a. What are some types of aided AAC you might use with Maurice, and for what purpose?
b. What visual-perceptual deficits might you be prepared to compensate for when presenting an aided AAC system?
c. Describe what cognitive domains might be a relative strength for Maurice at this time that would be useful for supporting both unaided and aided AAC.
d. Describe what domains might be a relative strength for Maurice at this time and useful for exploiting for both unaided and aided AAC.
    - Auditory comprehension (yes/no questions, executing commands, understanding brief oral stories, understanding conversations in small groups)
    - Reading (word level, sentence level, oral reading, oral spelling)
    - Written expression (copying, writing to dictation, self-generated to write numbers, names, spell to word level, draw)
    - Cognition & Sensory Perception (attention, visual-spatial perception, auditory and visual memory, executive functions)
    - Behavioral symptoms (alertness, fatigue, deficit awareness, frustration, emotional lability, personality characteristics)

48 hours later Maurice is transitioned to **Acute Inpatient Rehab**. His vitals are stable and he demonstrates somewhat improved motor skills on the right side, with some improvement in both attention, concentration, short term memory and behavioral symptoms. Maurice presents with intermittent aphonia, decreased vocal intensity and difficulty maintaining or controlling sustained pitch. He is on a dysphagia diet and the swallow study indicated he has to turn his head to the right and tuck his chin when he swallows, but he does not like the food. Maurice's wife asks if she can bring in some home-cooking, but doesn't know how Maurice will tell her what he'd like. When the nurse's aides come in to try and take his food order, he can only shake his head yes/no or make a left thumbs up or down. His speech is monosyllabic and unintelligible, and often he appears to have trouble initiating any speech. If the nurse's aide shows him pictures of food items on his left side, Maurice can pick up his left arm and point easily to food pictures. Maurice showed great relief to have a different way to communicate and the aide promised to show him pictures on the menu from now on.

As an SLP on the acute inpatient floor, you are seeing Maurice 2x/day. On 3 days, you try to plan your visits for when Maurice's family are visiting so you can coach them on ways to communicate with Maurice and take more data on his communication needs. On the other 2 days, you decide to see him at bedside for 30 min in the morning, and go to the PT gym with Maurice in the afternoon. During PT you note several important things. Maurice can follow 2-3 step verbal instructions given contextual cues. Maurice looks at his small exercise card with little need to move his head left and right to scan the small area. Maurice can point to up to two words "stand up," and says "ut," as he reads some of the 1-2 words on his exercise card and you note that word reading improves speech production and Maurice appears to enjoy reading words aloud. Maurice is beginning to use some normal prosody during automatic speech that the PT encourages, such as "oh boy" and certain automatic phrases spoken in Spanish begin to emerge. The PT also gets Maurice to count numbers one through x in Spanish, using a melodic intonation method to link all the numbers together like a song and Maurice responds well to this strategy and likes to hear his more fluent voice.

Question 2 (3-part response; address KASA competencies IV. C, D, F):

a. What are some types of aided AAC you might use now with Maurice, and for what purposes?
b. What contexts does Maurice need for communication and who are his communication partners?
c. How will Maurice access an aided language system, consider any visual-spatial needs, and whether there are things you need to consider for portability?

On day 10 Maurice is transitioned to a **Skilled Nursing Facility (SNF)** about 5 miles from his home. It is planned he will be there for 30 days. The inpatient SLP sends Maurice to the SNF with a front-back laminated no-tech symbol and photo communication board that contains medical and personal needs printed with words and phrases printed underneath the pictures. Maurice's daughter observed that he said *"de patatas"* very clearly with no paraphasias when pointing to the Spanish word under a picture of mashed potatoes. Maurice could not name objects, foods or people in English without print support. Just before the transition, Maurice's adult daughter said her father was using more basic gestures with his left hand, and by pointing to her, using a few words in Spanish, and pointing to the picture communication board, she figured out he wanted her write her name, address, and telephone number on his communication board.

At the **SNF**, Maurice receives speech language services 2x/week for 60 minutes each time. One of those sessions was planned during a mealtime so the SLP could assess swallowing function and determine needs for social communication at the same time. Maurice gets regular visits from a couple of his friends from home, and one work buddy during lunch times too. Maurice is at first embarrassed to have a picture communication board with him at the dining table when his friends visit, but when they hear how good his speech is when he points to their printed names, or when he reads names of foods or objects around the room, they encourage him to keep using pictures and words. Upon further evaluation of reading comprehension, the SLP notes intact word-level reading comprehension.

Question 3 (address KASA competencies IV. C, D, F): At this point, describe what domains might be a relative strength for Maurice and how you could use those strengths for improving spoken, written, and verbal communication.

- Reading (word level, sentence level, oral reading, oral spelling)
- Written expression (copying, writing to dictation, self-generated to write numbers, names, spell to word level, draw)
- Cognition & Sensory Perception (attention, visual-spatial perception, auditory and visual memory, executive functions)
- Behavioral symptoms (alertness, fatigue, deficit of awareness, frustration, emotional lability, personality characteristics)

At the end of 30 days in SNF, Maurice is sent home with follow-up SLP services 2x/week for 60 minutes. Maurice has made significant progress in 30-days on his physical mobility and balance, swallowing, visual-spatial skills , executive function and memory. However, little progress has been made in speech and Maurice presents with chronic agrammatic non-fluent aphasia.

Read the following information from this current re-evaluation. Answer question #4 at the end to make a recommendation for AAC that will support continued self-practice, relearning language, and communication for life participation.

- *Spoken Language*: Verbal output is limited and Maurice is hesitant to speak, especially with unfamiliar people; pragmatic skills are "within functional limits" (WFL), Maurice understands turn-taking, maintains eye contact, uses appropriate social gestures, but he cannot fill in speech as it is halting and nonfluent. Phonemic paraphasias are noted in spontaneous speech but significantly reduced when reading phrases of 2-3 words.
- *Speech*: Rate is slow and halting as is fluency when he struggles to produce utterances in response to questions; intelligibility WFL in known and unknown contexts when produced; prosody is emerging but stress patterns are altered; articulation WFL
- *Auditory Comprehension*: Answers most yes/no questions; follows 2-4 step directions when paying attention; understands short stories to the 6-sentence narrative level and even more when punctuated by humor, enthusiasm and read by a familiar person; understanding of conversational speech is WFL and best with daughter; identifies objects, familiar tools, and their functions WFL; when shown photographs of his work site, or grandchild he answers yes/no questions about them and appears to understand information in both Spanish and English.
- *Reading*: Word to sentence level comprehension WFL, but working memory for information beyond 3 sentences is challenging. You discover Maurice was an avid reader of military history. Oral reading is slow and labored, but better than spontaneous speech, and Maurice indicates he wants to practice his speech while reading aloud. Oral spelling was helped when selecting a letter on a keyboard, and repeating. Oral reading was good while using the word prediction function of an assisted keyboard.
- *Written Expression*: Copying letters to single words (up to 4 letters) was WFL with his left hand, but self-generated writing is difficult even for writing his address and other familiar information. Spelling is paragraphic (paraphasias of speech mirror written word paraphasias); drawing is self-initiated for simple things, and he is beginning to initiate drawings to help communicate a quick message.

- *Cognition*: Attention/concentration is good in the morning, but not when fatigued or frustrated. Visuospatial skills WFL; Procedural memory WFL, semantic memory for basic information is intact, episodic memory is difficult to assess due to limited expression. He sorts family photos and writes names, addresses, and a little information in attempts to communicate what he remembers . You find out he can self-generate writing some interesting facts about military history.
- *Behavioral symptoms*: Alertness WFL; he is aware of his deficits and demonstrates intermittent frustration with his inability to "get it out" saying , "can't get it out" repeatedly when frustrated. No emotional lability noted. Frustration is causing more anger and increased social isolation. He refuses to leave home even when his daughter and friends try to get him out for various errands, go to church, or visit old friends. Maurice prefers to have friends visit him at home.

Question # 4 (address KASA competencies IV. C, D, F):

- Select one aided AAC system/SGD that has features that not only compensate for his weaknesses, but allow for multiple opportunities for self-practice for re-learning language. What do you think will be an effective and efficient SGD over the next 5 years while he continues to recover? Provide rationale for this choice.
- Write one social participation goal incorporating the SGD with rationale.
- Write one written communication goal incorporating the SGD with rationale.
- Write one reading comprehension goal that could use the features on his SGD to support improvement.

CASE 2: Preschool-age child (age 3.5); Beginning Communicator

Case: *Julio,* age 3.5, is enrolled in an inclusive preschool classroom. He is eligible for special ed services under the criteria of multiple disabilities and early traumatic brain injury. Julio presents with cortical vision impairment and spastic quadriplegia. In the classroom, Julio must be picked up and transported by his paraprofessional between his adapted stroller, rolling walker, adaptive seating, and bean bag chair. Julio requires body or chair support to remain upright when seated on the floor. Perceptual vision is intact, but he responds better to faces when up-close, and attempts to reach for and visually localize objects that are bright yellow and against a black background. Julio moves his head back and forth in a way that is his way to try and piece together, and make sense of, individual things placed in front of him according to the vision specialist reports. Sometimes, he stares up at the lights, but this significantly decreased when the team hung up light transparent cloth over the lights that reduced the glare and prevented distracting reflections off items in the room.

Julio is very social, laughs, and enjoys being near peers and adults. When Julio comes in the classroom every morning he repeats "hihowareyou?" putting no space between the words, but adds rising intonation at the end indicating he has some emergent knowledge of question forms and that this rising tone attracts other's attention and gets a response. This is Julio's only stereotypic spoken production. Within the inclusive preschool environment, Julio has rapidly emerged to a Level IV conventional communicator primarily using his body, vocalizations, and facial expressions in emerging conventional communication ways. He laughs at silly humor in

storybooks when he has opportunities for this kind of focused auditory input, and he laughs when peers laugh. Some team members rated Julio's highest level of communication as Abstract Symbolic (Level VI) due to his emergent ability to use his own speech in a unique way for greetings at the right time and place. However, Julio does not produce any single spoken words, he cannot use sign language, and he has no independent access to a speech generating device to combine graphic symbols into a linguistic form; **he is a presymbolic communicator.**

Sal, the assigned paraprofessional, speaks both Spanish and English with Julio, and she often switches her verbal directions between the two languages "to make sure he understands the direction". Sal was given a portable tablet SGD with Clicker5 communication software to "use with Julio". There are 5 picture communication symbols/words on the main display (STOP, GO, MORE, WANT, NOT, EAT, DRINK) and all associated printed words are in English only. The displayed symbols are of high contrast (black background with bright yellow symbols, black outlines, and small associated printed black words over the symbols). **S**al frequently points to the 5 symbols as she speaks in English, and she has no formal training in aided language input. Sal tries to adjust the height and distance of the tablet/SGD in an attempt to bring Julio's visual and auditory attention to the enlarged and contrasted symbols.

Unfortunately, no member of the IEP team since start of preschool (6 months prior) has figured out how Julio can independently access the tablet with communication software. Julio's hands are often tightly fisted which he sometimes uses to slam on the table, but he is just learning to reach and grasp objects within reach and with physical prompts. Julio has begun to reach and grasp fat colored markers during "independent writing time" and at the same time as his peers are using pencils and crayons to draw and experiment with writing. Julio uses the bottom of his thumbs to tap or drag across the tablet's talking keyboard during group literacy time. He alternates gaze between his peers when they are naming letters to his keyboard as he listens to letters randomly selected as he drags his fist across the keyboard. It appears Julio is searching for letters on his keyboard that 'sound the same' as what his peers are saying. Julio does not have the physical capability yet to directly select keys or buttons with any finger or thumb.

Julio must rely on Sal to carry the SGD tablet everywhere; she even brings the SGD out to the playground and often models the words "stop, go, more" while Julio is in the adaptive swing. Sal tries hard to hold the SGD in a way that Julio can see the screen during various activities. However, Sal never presents the device when Julio's peers come up to try and talk with Julio. Sal talks for Julio in these cases, and the peers end up looking at Sal, and not at Julio. There are many missed opportunities for Julio to socially communicate with peers in symbolic ways.

During a combined in-class SLP, OT and PT session, you as the SLP with AAC knowledge, consult about the best body positions that would support consistent and reliable body movements that could serve as possible sites for using alternate input methods to his SGD. Julio's OT thinks that with continued therapy, Julio will be able to grasp and hold an adaptive pointer in a year or so. All agree that Julio's functional vision is better than it had been 6 months ago, but he still requires enlarged and contrasted text, brightly colored graphic symbols, against a black or back-lit screen background, and presentation of faces and objects within 12 inches of his face. Julio's eye and head movements were determined to be the most stable and consistent. Given Julio's increased ability for mutual regard to speakers and increased ability to perform alternate gaze between pictures in a book and communication partners, you all agree that Julio's eye gaze may be the most consistent and reliable alternate access method to an SGD.

Your preschool team agrees that a tablet will **not** allow Julio's use of eye gaze input. Julio needs a dedicated high-tech communication device that allows multiple access methods, including eye gaze. Julio needs access to: (a) highly useful (core) words in both Spanish and English to develop his symbolic language; (b) alphabet letters for developing early letter and phonological awareness for early literacy development; and (c) more opportunities for independent communication with peers and adults for many different purposes.

Julio has an adaptive stroller and a rolling walker he is learning to use. Neither form of transportation allows a mount for an SGD, so you agree that an adjustable table top mount would be ideal for classroom use (to support the eye gaze device on a stable tray or table while seated on the floor, in an adapted chair, or at the work tables). If the SGD is portable, it can still be carried by an adult. While not ideal for independent access outside of the classroom, you all agree that language can still be modeled on the device outside and that you will continue to encourage unaided forms of communication on the playground.

You made a list of the following recommendations:

1. **1.** Julio also needs communication software that will allow some customization of grid size, grid color background, colored symbol contrasts, and auditory feedback on symbol selection.
2. **2.** The communication software needs to provide access to thousands of words in English and Spanish for dual language growth.
3. **3.** The communication software must be easily customizable so you can edit pages to add 8 core words on the main display for visual access reasons, then link to 4 more pages so that Julio can access at least 36 words to start. The words need to be arranged in a predictable places so they can be easily modeled by a communication partner, and visually memorized for efficient access.
4. 4. Julio was already using a few high contrast Picture Communication Symbols on his tablet, so you decide to stick with the same symbol set for visual consistency, but in high contrast options.

You and the team decide to seek MediCal funding for:

- **a.** The light-weight and gaze-enabled TobiiDynavox I-13
- **b.** Snap Core First communication software
- **c.** ConnectIT TableTop mount

The device is funded. You set up the first/main page to display 8 high contrast core words on the main display, with four more pages for a total of 36 highly useful core words. The para learns how to calibrate the system for Julio's eye gaze, and how to quickly set up the device for circle time, floor time, and center/work table time for max interaction with peers. Now it is time to hunker down and plan language, communication and literacy instruction using the new SGD.

You and the preschool teacher know about UDL. You both agree to minimize barriers to Julio's class participation and flexibly support Julio's individual needs to address the curricular goals. You identify the essential language elements in the pre-K curricular goals, and co-develop IEP goals that will allow Julio to show progress on the state standards.

Your task is the following *(address KASA competencies IV. C, D, F)*:

1. **Write** 3 long-term annual goals for addressing Julio's individual needs for *communication, language, and literacy* growth that align with the preschool curricula.
2. **Write** one short term objective for each goal and include your rationale, equipment adaptations and positional accommodations in conjunction with OT and PT goals.
3. **Think creatively and design** an activity for each objective that the preschool teacher can carry out with the whole class and could be tailored for a small group lesson with peers.
    a. Think about the core words you will model and teach
    b. Think about how you will incorporate the teaching principles of aided language input
    c. Think about Julio's personality as described earlier and his needs to communicate with peers and family as a dual language learner
    d. Consider how Julio could use his SGD to access eBooks and other lesson material right from his own device, and jointly or independently explore and listen to books.

Case 3: 7th Grader (12 years old) Beginning Communicator

Background: New college and career readiness standards in K-12 education requires that all students, including those with severe disabilities, receive comprehensive literacy instruction to achieve conventional literacy. To that end, provision of evidence-based and specific instructional approaches to becoming literate should be collaborative, participatory and interactive for students with severe disabilities (Erickson, 2017; Koppenhaver & Erickson, 2020). This type of comprehensive instruction "requires a shift in practice from a skills-only emphasis to a comprehensive approach that balances an emphasis on skills with an emphasis on meaning" (Erickson, 2017, p. 203). SLPs are part of the interprofessional team for literacy instruction to ensure that students with severe disabilities have the language and communication supports needed to become successful literacy learners. You may refer to **dlmpd.com**, go to "instructional resources", then select "ELA Unpacking Documents" in "seventh grade".

Aided language input (ALI) is an evidence-based intervention that is also part of a comprehensive AAC intervention program. Refer to the five teaching principals of ALI provided on your lecture slides to include in your response. Please read the scenario first then complete the questions at the end.

Simulated case scenario:
You are an SLP completing your beginning-of-year observational assessments in an "inclusive" 7th grade general education classroom. You immediately note that your new client *Sally* is poorly seated in her wheelchair at the back of the classroom. Sally has a wheelchair tray, but there are no accessible learning materials or assistive technology tools placed on it for her to reach or manipulate in ways that the rest of the students are doing at their desks. There is, however, a paper-based, laminated 8-Picture Communication Symbol board affixed to her tray. The symbols are large in a 4X4 array. Sally's arms are in full extension covering her tray, her legs and feet are also fully extended and planted firmly on the floor. She is not using the footrests. Sally is staring at the lights in the ceiling and occasionally moves her head back and forth while glancing toward the teacher's voice. Sally is sitting next to her 1:1 paraprofessional *(Joyce)*, and you and Joyce are typing notes on an iPad. You decide to sit on the other side of Sally, quietly introduce yourself, and ask Sally's permission to sit next to her for a few minutes. She briefly glances at you, vocalizes, then turns back to the staring at the lights. Joyce leans over and says, "that's her way of saying hi, and o.k." The lead teacher continues her science instruction and you take some observational data about classroom context, peer interactions, the teacher's instructional style, instructional content, purpose of lesson, and whether the lead teacher makes any attempt to actively engage Sally in instruction. She does not.

At the conclusion of class, you ask if Joyce and Sally could meet you in your office for 30 minutes before end-of-school. Joyce agrees with no opportunity for Sally to formulate a response of her own. Joyce wheels Sally out of class, but you take a few minutes to query the classroom teacher about Sally's learning in the class. The teacher states,

> "I don't really know, I just give lesson plans to Joyce every Monday, she adapts them for Sally's level, takes notes for her, then supposedly teaches her the content one to one. Sally is here with Joyce for every class, but she doesn't speak, so I

> don't know what she knows or doesn't know, but I watch her eyes and sometimes I think she is listening. The special ed teacher gives Sally those 'alternate assessments', but I really don't know how she is learning any of the material. I think it is way above her cognitive level, but I have no way of really knowing."

You ask, "Does Sally ever communicate with her classmates? Or do any of his classmates make a point to talk to Sally?"

Teacher: "Some of the classmates are really nice, during group time they always push Sally to a group table and try to include her. They'll ask her simple yes/no questions, and a lot times she makes different sounds as if she's trying to answer. Joyce says that when she makes a loud "ahh" and looks at you, that's her 'yes', when she makes a quiet "uh" and closes her eyes, that's a 'no'. Joyce seems to have a good relationship with Sally, but I never see her teaching Sally. I never see Joyce using the pictures on Sally's tray. Joyce just takes notes and says she teaches Sally the content in the special ed room."

You ask: "Does Sally ever point to the pictures on her communication board to answer or ask questions when you address her?"

Teacher: "No, I just don't know what to say to Sally. I'd like to know, but no one showed me what to do, or how I should be teaching her. No, I've never seen her use those pictures to communicate. She is usually looking up at the ceiling and not down at the pictures. She always looks uncomfortable, and I have no idea how she even points to any of those pictures."

Later, you meet Sally and Joyce in your speech office. You make sure the overhead lights are off and that you open the shades to let in more natural light. You also grab a light pointer so you can highlight the graphic symbols as you speak with Sally. Before you engage Sally, you observe Joyce reaching over the back of the chair and trying to pull Sally up to a better seating position. Joyce tells you that she is going to re-attach Sally's chair straps around her trunk for a while and strap her feet back onto the foot rest. Sally complies with her trunk and foot support straps for about 10 minutes before she starts protesting by throwing her body back against the chair, arches her back, vocalizes loudly, and pushes against the foot rest. Joyce unlatches the trunk strap again and releases Sally's feet. Sally goes right back into extension and lets out a deep sigh.

You ask: "Is Sally in pain? How do you work with her in this extended position?"

Joyce: "This chair doesn't fit her right, but it's all she has right now. The PT came in a month ago and a whole seating team recommended a chair that fits her better cuz she's grown so much, and the nurse said she has some skin breakdown on her bum, so yeah, she's probably in pain. She's on Medicaid, so it will probably take another 3 months for her to actually get the chair. As far as teaching her, I just read her the notes I took in class and ask her yes/no questions. Sally is really smart. I just have to reword my questions into yes/no questions, then I mark down whether she's correct or incorrect and give the documentation to the special educator.

You notice the 8 symbols on Sally's communication board represent the words or phrases "more", "all done", "bathroom", "eat", "drink", "hi/bye", I'm happy/sad/mad".

You: “Does Sally ever point to these symbols?
Joyce: “No, I don’t think she can see them, and because she can’t bend her arms or point when she’s in this position, she can’t reach them. I think she hates those pictures anyway.”
You: “why?”
Joyce: “Lots of reasons. First, I take her to the bathroom on a regular schedule so she doesn’t need to tell me that – and I think she’s embarrassed. Sally is in middle school you know? I also feed her everything, and it takes so much work to do that, she doesn’t need to tell me she’s hungry, we’re on a schedule. Plus, I can tell when she likes something or not.”
You: “What does she do?”
Joyce: “She hums, closes her mouth, and looks at me. Like she’s saying ‘yum’. And she relaxes her body. I think she’s always hungry. She’s way too skinny.”
You: “What else does she tell you with body language?”
Joyce: “When she thinks things are stupid, or when people are treating her like a baby, and talking to her like a baby, she likes growls, pushes back, and moves her head back and forth. When she wants to do something with her classmates she tries to scoot her body forward and tries to move her chair forward, like she wants to go with her classmates. She can let out a loud scream too if she’s really mad, and that means “stop!” I even think she tries to ask me questions sometimes; she looks at me and raises the pitch of his voice.”
You: “Have you ever tried to teach Sally different picture symbols?”
Joyce: “No, the SpeEd teacher never suggested that, but I think she could use a lot more pictures if we figured out a way she could point to them. She can match big pictures to objects, and she knows all her colors just by looking at them, and if I test her by asking her yes/no questions”
You: “Have you ever seen if she could recognize letters or words without pictures?”
Joyce: “No, but is that really functional?”

Your task is the following: Initiate an AAC Intervention Decision-Making Process for a student who is pre-symbolic and preliterate *(address KASA competencies IV. C, D, F)*:

1. **Decide what SGD you could acquire** for Sally that will allow her to access her academic curriculum and give her multiple ways to participate in class and socialize with peers and adults.
2. **Identify** Sally’s possible sensorimotor capabilities for alternative access to an SGD. It may be a few months before Sally has access to a better wheelchair.
3. **Identify** other team members who should be consulted for optimal seating and body positions to relieve pain, and maximize physical access to an SGD in creative ways.
4. **Identify** the 5 daily emergent interventions for comprehensive literacy instruction for students with significant disabilities and CCN (Koppenhaver & Erickson, 2020, p. 201 or supplemental handout).
5. **Write** one communication, one language, and one literacy objective for each of the 5 daily interventions, for example, if a student was a Level III, Unconventional Communicator (on the CM), and you were planning a “shared reading” intervention, what and how could you write a SMART objective that would encourage or stimulate a symbolic **initiation** as a way to facilitate communication instead of a response using an aided language system? What SMART objective could you write that would provide an opportunity to develop language (selection of one-two words)? What SMART objective would you write for developing literacy during a “shared reading” activity?