



## Augmentative and Alternative Communication (AAC) Policy

### Rationale:

According to the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (2013), one of the key diagnostic criteria of Autism is a deficit in social communication and social interaction, which leads to a wide range of complexities for individuals with Autism (Beukelman and Mirenda, 2005). It has been estimated that 25% of children with Autism are non-speaking or minimally speaking (Norrelgen et al., 2015). Previous research clearly shows that expressive language skills in the early years of development are a strong indicator of later social skills, academic success, and independence in adulthood (Norrelgen et al., 2015).

Augmentative and alternative communication (AAC) includes all forms of communication (other than oral speech) that are used to express thoughts, needs, wants, and ideas (American Speech & Hearing Association). In this context, 'augmentative' means supplementing spoken communication, and 'alternative' means replacing spoken communication.

According to the United Nations conventions of the Rights of People with a Disability (2006), of which Australia is a signatory, educational facilities must enable persons with disabilities to learn life and social development skills to facilitate their full and equal participation in education and as members of the community. In doing so they must:

- facilitate the learning of AAC modes, means, and formats of communication;
- ensure that education is delivered in the most appropriate languages, modes, and means of communication for the individual; and
- train professionals and staff who work at all levels of education. Such training shall incorporate disability awareness and the use of appropriate augmentative and alternative modes, means, and formats of communication.

Jacana School for Autism acknowledges that communication is a basic human right and under the Disability and Discrimination Act, implements Australia's international human rights obligations under the Convention on the Rights of Persons with Disabilities. In doing so, the school aims to implement effective communication systems for all students. The use of AAC allows students the right to communication ([Communication Bill of Rights](#)). Data collected in 2021 at Jacana School for Autism showed approximately 50% of students used a form of AAC to support their communication needs.

### Purpose:

The purpose of this policy is to outline how to meet the highly specialised and individual needs of students with Autism and AAC requirements at Jacana School for Autism. This will include an outline of:

- modes of communication

- supporting communication for participation and education at JSA
- the roles and responsibilities of staff and parents/caregivers within the school structure
- collaboration with parents/caregivers and other agencies
- the principles of assessment and intervention
- a framework for training and support
- the provision of copies of relevant documentation
  - o Appendix A: Trial or Funded loan of an SGD, parent/caregiver agreement form
  - o Appendix B: Self-funded mainstream technology parent/caregiver agreement form
  - o Appendix C: letter to parents/caregiver – private insurance
  - o Appendix D: Personal Goods Brought to School at Owner’s Risk
  - o Appendix E: JSA Procedure for Changing an AAC System
  - o Appendix F: Agenda for AAC Team Member Meeting

### **Modes of communication**

Jacana School for Autism supports students to use augmentative systems, intended to function as a ‘scaffold’ to the development of a normal mastery of speech for students, and alternative systems for students with little or no speech. To be effective communicators, AAC users will need to be taught and supported to use more than one mode (multimodal) of communication according to their individual needs and abilities. To achieve communication competence in all environments, some students will require intensive support to set up an individualised alternative system of communication. Students using ‘high-tech’ electronic speech generating devices (SGD) will also require a ‘no-tech’ system, such as a communication board or book, as a backup option when access to their SGD is impacted.

Examples of unaided communication used by students and staff at JSA include:

- Body language
- Eye-pointing
- Facial expression
- Natural gesture
- Use of vocalisation/intonation
- Key Word Sign

Examples of aided communication used at JSA include:

- Use of objects, photographs, pictures, graphic symbols (e.g. picture communication symbols), or words, which may be organised into communication boards or books.
- Speech Generating Devices (SGDs): Dedicated and undedicated (e.g. iPad with an AAC app) hardware units containing communication software with a synthesised voice.

### **Communication Support**

Children who use AAC have needs similar to the needs of other students in the classroom. They require educational programs that are rigorous, relevant, and promote positive relations. Useful strategies to promote communication include:

- Providing ongoing access to AAC systems across the day;

- Developing motivating activities to encourage communication and participation;
- Providing many opportunities to communicate;
- Waiting for responses, as AAC users may require more time to prepare a response; and
- Responding to communication attempts to help them understand that communication is a powerful tool.

### **Roles and Responsibilities:**

A team approach is most effective when supporting students with AAC needs. A summary of key roles and responsibilities of school staff, parents/caregivers, and external agencies is as follows:

- **Senior Speech Pathologist:** Liaise with school leadership and the therapy team leader to develop school goals related to AAC. Work with the speech pathology and leadership team to develop the school AAC training/professional development program, update and maintain the school's student AAC register, follow up with students identified as requiring an AAC system, coordinate therapy team support and data collection for AAC systems, report results to the therapy team leader and leadership team, as well as maintain knowledge of current evidence-based practice about AAC.
- **Speech Pathologist:** Provide consultative support for the team supporting the student with AAC needs via a referral process. This includes assessing students' communication skills, provision of information about AAC funding and training options, coordinating with students' external therapists in the event of device trials, provision of staff training for use and programming, developing and supporting the implementation of PLSP goals, preparing documentation, identifying student specific vocabulary for the classroom, supporting the evaluation of intervention outcomes, attending team meetings as required, and technical troubleshooting.
- **Teacher/s:** Assessment of student skills, collection of data, identifying student-specific vocabulary for successful communication at school in collaboration with allocated classroom Speech Pathologist, adapting the curriculum, preparing and maintaining documentation for PLSP reporting, using the prescribed AAC system to model language and communication to the student, provide direction for education support staff to model language and communication on an AAC system for the student, encourage the student to use their AAC system, relaying information from team members to parents/caregivers, maintaining team meetings, and where appropriate, programming devices with support, training, and collaboration with the classroom Speech Pathologist.
- **Education Support Staff:** Modelling the use of AAC systems relevant to the student, programming new vocabulary into devices with support and training from the classroom Speech Pathologist, identifying situations in which the student experiences communication breakdowns, reporting observations to the classroom teacher for help in devising strategies, identifying successful and useful strategies, facilitating the student's participation, collecting data, and attending team meetings as required.
- **Parents/caregiver:** It is recognised that parents/caregivers of students requiring AAC have varying ability levels to effectively support the implementation of AAC systems. Parents/caregivers are supported by the school team and the following responsibilities are recommended to ensure students have the best opportunity for developing communicative competence: maintaining general upkeep of the SGD including cleaning according to the device manual, **being responsible for the trial or loan of AAC systems as well as**

**personal devices including potential incidences of loss or damage** (see Parent Agreement Forms in Appendices A and B), considering and/or accessing private insurance for an SGD (see parent letter for insurance of SGDs in Appendix D), and funding mainstream technology hardware devices (where applicable). The Department of Education and Training **does not hold insurance** for electronic communication devices and cannot pay for any damage, loss, or theft of such devices. Jacana School for Autism **does not hold insurance** for electronic communication devices and **is not responsible** for any damage, loss, or theft of such devices. When a student has received a personal device, the parents/caregiver is responsible for charging the student's SGD daily, ensuring safe transportation of the AAC system from home to school, programming new vocabulary into the device, identifying situations in which the student can use the AAC system at home, discuss experiences of communication breakdowns and report them to the teacher for help in devising strategies to overcome breakdowns, identifying successes and useful strategies to use at home, and carrying over strategies implemented at school at home.

- **Students** (dependent on ability level and with varying levels of support): removing and replacing the device from/to the school bag, keeping the device with them throughout the day, keeping the device clean and safe, and charging the device (where appropriate).
- **Occupational Therapists:** create communication opportunities and/or support the student's communication within skill areas such as sensory-motor, self-regulation, activities of daily living, social/emotional, and behavioural difficulties.
- **IT specialists:** Support and troubleshooting for mainstream equipment.
- **Medical Practitioners e.g. Paediatrician/GP:** Medical intervention and medication regimes.
- **External Speech Pathologists:** Liaise with the student's family and school Speech Pathologist in coordinating trials and/or implementation of SGDs.
- **Equipment providers and AAC intervention agencies:**
  - [Yooralla ComTEC](#): This agency can provide specialised advice and/or assessment services to assist with identifying relevant SGDs to trial that are specific to the student's needs. The cost of the appointment is at the family's expense.
  - AAC equipment suppliers: A trial of an AAC system/device is required before applying for funding from the National Disability Insurance Scheme (NDIS) and/or making recommendations for personal purchases of an SGD. There are several suppliers in Victoria and across Australia who can provide equipment for a trial. Commonly used suppliers for dedicated SGDs are [Liberator Pty Ltd](#), [Zyteq](#), [Link AT](#) and a range of AAC apps for tablet computers are also available. Important considerations when selecting an SGD include the contemplation of accessibility and costs involved with the repair, maintenance, technical, and programming support for the SGD.
  - Other agencies/businesses providing AAC interventions: Care must be taken to ensure that interventions are selected and delivered based on evidence demonstrating the benefit to the person with complex communication needs and his/her communication partners (SPA AAC clinical guidelines, 2012).

- The Department of Education and Training (DET) and Jacana School for Autism (JSA): **Personal goods, including AAC devices, are brought to school at the user's risk.** JSA and the DET do not hold insurance for personal property brought to school and cannot pay for any loss or damage to such property. Details of the School policy and advisory guide for personal goods can be found in Appendix D.

### **Collaboration with parents/caregivers:**

Collaboration with parents/caregivers is required at the planning, assessment, trial, goal setting, intervention, and review stages of the AAC process. Parents/caregivers are supported by team members with information about current best practices to ensure they can make informed decisions. At Jacana School for Autism, parents/caregivers are invited to participate in Student Support Group (SSG) meetings with school staff, four times a year. However, involvement from parents/caregivers outside of SSG meetings increases the likelihood of the implementation of effective AAC systems. JSA Speech Pathologists and teachers, with parents/caregivers as well as the student's external Speech Pathologist, may be involved in additional meetings to discuss the need for a trial, trial assessment, trial outcomes, funding arrangements, ongoing support for the student to effectively use their SGD, as well as training for programming and troubleshooting. A suggested agenda for parent/school staff team meetings can be found in Appendix E.

#### *Therapy Team Support*

At Jacana School for Autism, teachers and parents/caregivers are the core team members for supporting students to meet educational goals. All teachers can access Speech Pathology and Occupational Therapy services via a consultative model of practice. Teachers can request assistance via communication with therapists and Sub-School Leaders. Where appropriate, service agreements for specific therapy support will be generated.

#### *Speech Pathology*

Due to the complex nature of AAC and rapidly changing advances in technology, the Speech Pathologist has a pivotal role in the assessment, implementation, monitoring, and management of clients with complex communication needs. At JSA the Speech Pathologist works collaboratively with, and as a consultant, for the team supporting the student. The Speech Pathologist can act as a researcher of appropriate AAC support, and within a referral provide direct work with the student, parents/caregivers, teaching staff, and other team members, as well as provide professional training to relevant school staff. The extent of the involvement depends on the support needs of the team, and the context of the referral (SPA AAC clinical guidelines, 2019). Please refer to the Jacana School for Autism Speech Pathology Service Delivery Guidelines available on the school SharePoint site for further details.

### **Principles of assessment and intervention**

#### *Assessment*

Assessment is essential to ensure that the most appropriate AAC system is obtained for the student. Assessments are carried out by the Speech Pathologist via a multi-disciplinary approach, collaborating with parents/caregivers, teaching teams, external therapists (where appropriate), and the AAC user (if possible). Parents/caregivers are key players in the decision-making process. The following areas need to be considered:

- Current communication skills
- Cognitive, motor, and sensory abilities
- Medical details
- Communication opportunities
- Current and future communication needs
- Current and future availability of support
- Experiences of participation barriers within the environments in which the student participates or desires to participate

The process of feature matching may follow assessment and includes assessing the student's performance on at least two AAC systems to determine the relative benefits of different features of the system that are best suited to the student's needs. Speech Pathologists may assist the team with considerations relating to the funding and/or implementation of SGDs. The training, support, and maintenance requirements of the parents/caregivers and classroom team are important factors for consideration.

#### *Recording and Reporting Arrangements*

Jacana School for Autism has a process whereby each student's current level of performance is identified and programs are implemented to address their individual learning needs. Personalised Learning Support Plans (PLSPs) are developed for each student through discussion with parents/caregivers, teachers, education support staff, and other professionals at Student Support Group (SSG) meetings. Individual progress is formally recorded and reported upon at the SSG meetings and in written reports to parents/caregivers. Teachers use a variety of formal and informal measures to ensure students are meeting their individual educational goals.

When a speech pathology referral is generated to investigate a student's need for an AAC system, or to support a student with the implementation of an AAC system, Speech Pathologist involvement can be reported and/or recorded in several ways. This may include:

- Consultancy service agreements
- Assessment reports
- Speech pathology file notes
- Application forms for trial/loan devices (co- signing with external Speech Pathologist)
- Team meeting minutes
- Parent meeting minutes
- SSG meeting minutes

Teachers, education support staff, and parents/caregivers may be asked to gather and record data regarding the student's communication and/or AAC use. This information may be used to assist in decision-making and/or for applications for AAC trial or loan devices.

## *Planning*

Following assessment, a plan of action should be developed and agreed upon by the team. Documentation outlining the agreed plan will be distributed amongst the parents/caregivers, external therapist(s), and/or school staff for:

- The equipment required
- Funding applications (if applicable) and requirements for insurance
- Goals for the student
- How to work towards the goal
- The support needed to achieve the goals and who is to provide it
- Clear roles and responsibilities for those supporting the student
- How progress will be monitored

Light (1989) outlined four skill areas required for communicative competence, and these should be considered when choosing appropriate PLS goals. They include:

- Operational competence: Development of technical skills used to operate the AAC system, ability to access the AAC system, ability to use the features (e.g. on/off button, clear function), and use of rate enhancement strategies.
- Linguistic competence: Mastery of the language spoken by the community (receptive and expressive), learning symbols used to represent vocabulary in the AAC system, understanding the way the vocabulary is organized, attention to and use of language as well as AAC linguistic code during a communicative interaction.
- Social competence: Socio-relational aspects such as interest in others, desire to communicate, active participation in conversations, and responsiveness to communication partners; socio-linguistic aspects such as initiating, turn-taking, expressing wants and needs, requesting, commenting, and protesting.
- Strategic competence: Making the best of communication knowledge and what can be communicated using the AAC system, development of compensatory strategies for effective communication within the AAC system, and restrictions for the person who uses that system.

Class teachers are responsible for the ongoing evaluation and reporting of student skills with support available from the Speech Pathologist upon request and dependent on availability and capacity.

It is recognised that the AAC needs of students may change over time. Parents/caregivers or school staff may identify that a review of the appropriateness of an AAC system is required, and Appendix F outlines a procedure involving the Sub School Leader and Speech Pathologist to assist with the review. **The AAC system must not be changed, discarded, or discontinued without parental agreement and speech pathology consultation.** In the case of AAC devices, it must be noted that changes or upgrades of loan devices funded by various schemes (e.g. NDIS) will generally not be considered if the student has been using the device for less than 12 months.

## Framework for Training and Support

Training and development of teachers, therapists, education support staff, parents/caregivers, and other relevant members of a student's AAC team are essential to meet student needs. Different levels of training opportunities will be required according to the roles of those working with AAC users and their previous experience.

At the start of each school year, the Therapy Team Leader will liaise with the school leadership team to identify the training needs of the school. Training may be delivered by a range of experts in the field of AAC, e.g. Speech Pathologists, experienced teachers, parents/caregivers of AAC users, or external agencies. Training may take the following forms:

- *Whole school professional training:* This is essential for all staff and should include information such as a definition of communication, communication opportunities, existing AAC systems, hands-on experience of AAC systems, communicating with AAC users, an understanding of terminology, and ensuring student access to AAC systems across the day.
- *Training related to individuals supporting users of AAC systems:* e.g. teachers, education support staff, therapists, parents, and caregivers. Training aspects would include: developing opportunities for communication, providing rich communication environments by modelling language and communication to the student, practical ideas and activities, access to symbols and technology for communication – recommendations and appropriateness to the individual student, vocabulary selection and use of language, using ICT to develop communication skills, interdisciplinary working, as well as awareness of when and how to call in the next level of support/assessment.
- *Professional development opportunities for therapists and school staff* can include: AAC strategies and impact on communication, the place of communication in the curriculum, an understanding of communication development (including pre-verbal communication), knowledge and understanding of the variety of AAC systems and their relative advantages and disadvantages, awareness of the variety of support available external to the school, knowledge of and expertise in the AAC systems in use at school, planning and evaluating the curriculum taking into account the needs of the AAC user, how to implement AAC through PLSPs, opportunities for reflection on own practice and regular updating of knowledge and developments in the field, as well as an understanding of the roles and responsibilities of others (i.e. professionals and parents/caregivers) within the team and at school (Ace Centre Advisory Trust, 2001).

**Review:** This policy will be reviewed as part of the school's three-year policy review cycle.

<b>Ratified at School Council</b>	4 AUGUST 2022
<b>Review Date</b>	Term 3, 2025

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- The United Nations. (n.d.). *The convention of the rights of people with disabilities*. Retrieved July 2016: <http://www.un.org/disabilities/convention/conventionfull.shtml>

## Glossary

### Sources

The definitions here have been taken from the following:

Ace Centre Advisory Trust. (2001). *Developing augmentative and alternative communication policies in schools, Information, and guidelines.*

The Speech Pathology Association of Australia Limited. (2012). *Augmentative and Alternative Communication, Clinical Guideline*

AAC: is any type of communication strategy for people who have significant difficulties speaking. In this context, 'augmentative' means supplementing spoken communication, and 'alternative' means replacing spoken communication. Communication may be aided or unaided.

**Aided Communication:** Where an external item is used to aid communication (e.g. object symbols, communication boards, books, key-ring mini cards, wallets, speech generating devices, computers, mobile phones, tablets). Aided AAC is often divided into high technology and low/light technology systems.

**Unaided Communication:** Communication modes that use only the communicator's body. Vocalisations, gestures, facial expressions, manual sign language, and head nods are examples.

**AAC system:** An integrated group of components, including the symbols, aids, strategies, and techniques used by the individual to enhance communication. The AAC system serves to supplement any gestural, spoken, and/or written communication abilities.

**Communication:** Any act by which one person gives to or receives from another person, information about that person's needs, desires, perceptions, knowledge, or affective states. Communication may be intentional or unintentional, may involve conventional or unconventional signals, may take linguistic or non-linguistic forms, and may occur through spoken or other modes.

**Communication environments:** The situations in which an individual communicates.

**Communicative competence:** A complex process reliant on knowledge, judgement, and skills in the following areas – linguistic, operational, social, and strategic competence.

**Communication modes:** Refers to all the different ways we communicate, e.g. speech, gesture, facial expression, sign language, symbol use, speech generating device.

**Complex Communication Needs (CCN):** People with complex communication needs have communication problems associated with a wide range of physical, sensory, cognitive, and environmental causes which restrict/limit their ability to participate independently in society. They and their communication partners may benefit from using AAC methods either temporarily or permanently.

**Communication Partners:** A communication partner is anyone who is involved in a communicative interaction with another person. Communication partners are a vital part of the environment for communication and have an impact on the activities and participation of the person with a communication impairment.

**Gesture:** Gesture refers to the use of bodily movement to represent an object, idea, action, emotion, or relationship without the linguistic constraints of manual signs or a formalised manual sign system.

**High Technology System:** High technology communication systems utilise computer components and specialised software. They may have the capacity to provide printed output as well as voice output. They are commonly referred to as high-tech systems.

**Low/light Technology System:** Low and or light technology communication systems include any types of communication boards, books, object boards, and simple technologies for communication, including single message devices.

**Individual Learning Plan:** An educational plan is required by law and developed by the local school team and parents/caregivers. It outlines educational objectives for the student.

**Mobile Technologies:** Mobile technologies include smartphones, tablet computers, and laptops that enable connection to the Internet via wireless or cable connection.

**Speech Generating Device (SGD):** A speech generating device is a form of high technology AAC that produces speech through synthesised speech. A speech generating device might either be dedicated to communication (i.e., its primary purpose and design is as a communication aid) or non-dedicated, with a primary purpose other than communication (e.g. mobile technologies, computers, laptops, smartphones). It may also be referred to as an Electronic Communication Device.

**Student Support Group (SSG):** A partnership in the educational planning process between the parent/caregivers of the student, parent/carer advocate, teacher(s), principal or nominee, and student with a disability. The aims are to work together to establish goals for the student's future, plan reasonable adjustments for the student to access the curriculum, provide educational planning that is ongoing throughout the student's life and monitor progress.

**Symbol:** Something used or regarded as standing for or representing something else is a symbol. A symbol can represent an idea or concept using visual, auditory, or tactile modalities (e.g. gestures, manual signs, pictures, printed words, spoken words, and real objects).

## APPENDIX A

### TRIAL OR FUNDED LOAN of a SPEECH GENERATING DEVICE PARENT/CAREGIVER AGREEMENT FORM

I hereby give my permission for an electronic communication loan device to be used by my child, at Jacana School for Autism.

I am aware that:

- Electronic communication loan devices are **used both at school and outside of school at the user/family's risk**. This includes devices loaned by suppliers for trial periods and/or funded by NDIS.
- The Department of Education and Training **does not hold insurance** for electronic communication devices and cannot pay for any damage, loss, or theft of such devices.
- Jacana School for Autism **does not hold insurance** for electronic communication devices and **is not responsible** for any damage, loss, or theft of such devices.

I am aware that, as the parent/carer of \_\_\_\_\_, I am responsible for:

- The potential cost for **repair or replacement** of the electronic communication device and every item/accessory should it be lost, stolen, or damaged, particularly if there are insufficient allocated funds in my child's NDIS plan.
- The **General upkeep** of the electronic communication device, including cleaning and charging according to the device manual.
- **Returning** the electronic communication loan device, and every item and accessory with sufficient padding, to the relevant therapist(s) in charge of the loan arrangement.
- Obtaining insurance for the electronic communication device through my **private insurance scheme** should I wish for it to be insured, and cover the costs thereof.
- Regularly backing up my child's tailored communication profile via computer, iCloud, external hard drive, or other such backup devices.

I have read, understood, and agree to all the above conditions.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## APPENDIX B

### SELF-FUNDED MAINSTREAM TECHNOLOGY PARENT/CARER AGREEMENT FORM

I have opted for my child to use the following mainstream technology electronic hardware/device and communication software as an electronic communication system:

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I am aware that:

- As the parent/carer of \_\_\_\_\_, I am fully responsible for funding the above electronic hardware/device.
- I am hereby providing consent for my child to be supported in using the above communication system at Jacana School for Autism.
- Electronic communication systems are used **both at school and outside of school at the user/family's risk.**
- The Department of Education and Training **does not hold insurance** for electronic communication systems and cannot pay for any damage, loss, or theft of such systems.
- Jacana School for Autism **does not hold insurance** for electronic communication systems and **is not responsible** for any damage, loss, or theft of such devices.
- The above electronic communication system may be reviewed by my child's Speech Pathologist at school and/or external therapists (where applicable) after 12 months, at which time it may be recommended for the system to be retained or replaced by a different communication system.

I am aware that, as the parent/carer of \_\_\_\_\_, I am responsible for the:

- **Replacement** of the electronic hardware and software should the device be lost or stolen.
- **Repair or replacement** of the electronic hardware/device and software should they be damaged.
- **General upkeep** of the electronic hardware/device, including cleaning according to the device manual.
- Obtaining insurance for the electronic hardware/device and software through my **private insurance scheme** should I wish for them to be insured, and cover the costs thereof.
- Updating the communication software as updates become available.
- Regularly backing up my child's tailored communication profile via computer, iCloud, external hard drive, or other such backup devices.

I have read, understood, and agree to all the above conditions.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## APPENDIX C

### LETTER TO PARENTS/CAREGIVERS – PRIVATE INSURANCE

Dear Parent,

This letter is to provide you with some additional/updated information regarding the speech generating device you have received for your child through the National Disability Insurance Scheme (NDIS).

The responsibility for the care and protection of the device is given to the parent or carer who signed the application form. It is important to know that the NDIS scheme will generally meet the costs of repair and maintenance for any routine faulty issues with devices provided that sufficient funds are available within your child's NDIS plan. However, NDIS policy states that they are not responsible for any costs associated with neglect or unusual wear and tear on devices. This might include loss, accidental breakage, or damage caused by rough or inappropriate handling.

Jacana School for Autism recognises that students must bring their speech generating devices to school and also acknowledges that there is some risk of breakage, loss, or damage to devices in the school environment. However, the Department of Education and Early Childhood Development cannot take responsibility for these items and they are not covered by the school's insurance policies.

Given this situation, some families choose to cover their child's speech generating device under their private insurance policy. **If you would like to do this, it is recommended that you speak to the insurance company of your choice and discuss options for insuring the speech generating device from damage, loss, or theft.** Some insurance companies may require you to nominate the device as a 'portable' item to ensure that it is covered when taken outside the home. If a valuation of a device is required by an insurance company, the NDIS will be able to provide this for you.

Insurance coverage for your child's speech generating device is a decision for yourself and your family to make. Please be aware, however, that if a device is not covered under your insurance, the NDIS may not always be able to assist and if they do agree to replace an item, significant waiting periods may apply depending on funding availability. **Jacana School for Autism is not able to pay for any loss or damage to speech generating devices or other portable technology devices that are brought to school.**

Thank you for your understanding and cooperation in this matter. If you have any queries regarding this information, please contact the Speech Pathology Department at Jacana School for Autism.

## APPENDIX D

### Personal Goods Brought to School at Owner's Risk

#### Main Points

Personal property is often brought to school by students, staff, and visitors. This can include mobile phones, electronic games, AAC devices, calculators, toys, musical instruments, sporting equipment, and cars parked on school premises.

The Department of Education and Early Childhood Development does not hold insurance for personal property brought to schools and it cannot pay for any loss or damage to such property.

#### Additional Information

Information about the Department's insurance arrangements can be found in the School Policy and Advisory Guide, School Equipment coverage Scheme:

<http://www.education.vic.gov.au/school/principals/spag/finance/Pages/equipment.aspx>

## **APPENDIX E**

### **Agenda for AAC Team Member Meeting**

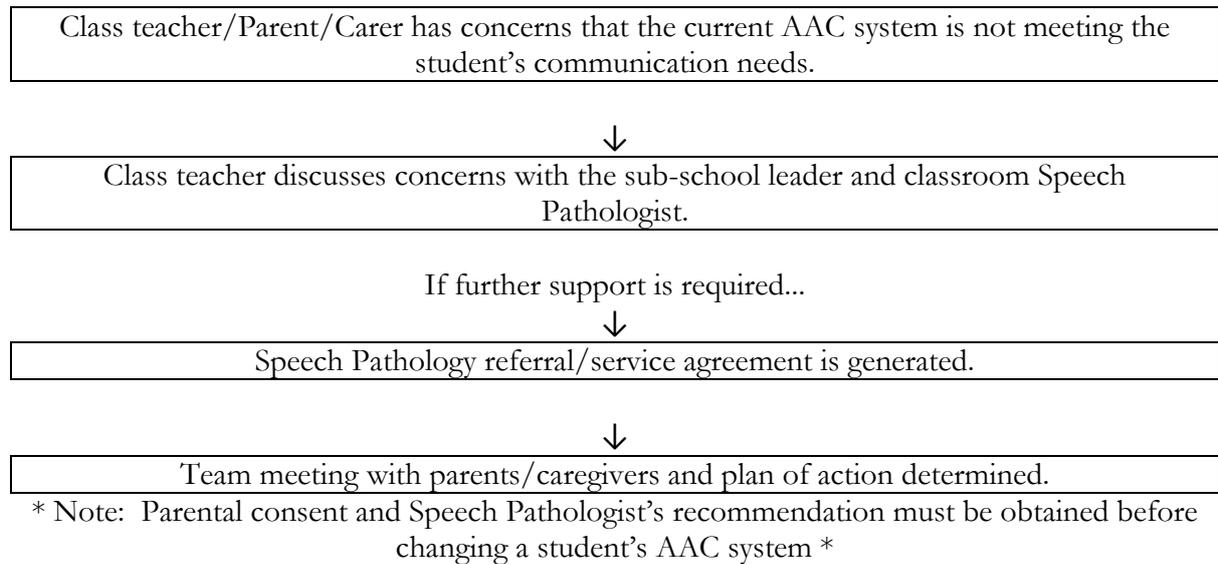
Attendees may include teachers, parents/carers, school therapists, education support staff, sub-school leaders, other relevant school staff, and/or external therapists.

Discussions at these meetings typically include information about the:

- Student's current level of communication at home and school
- Goals of parents/caregivers and school staff
- Familiarisation of device and features
- Process for device malfunction
- Parental roles and requirements, e.g. charging device, transportation, support at home, backing-up vocabulary, programming new words
- School staff roles and requirements, e.g. care of device in classroom, assessment, and implementation of goals, generalisation out of the classroom
- Method of communication between home and school
- Goals for extending communication
- Training required
- Resources required
- Plan of action

## APPENDIX F

### JSA Procedure for Changing an AAC System



### Changing AAC System: Sub School Leader and Class Teacher Meeting Agenda

Sub School Leader, Classroom Speech Pathologist, and Class Teacher to discuss the following:

1. How is the student currently initiating communicative requests?
2. Are the student's needs currently being met by their current AAC device or system?
3. Is the student currently using the device/system at home with parent support?
4. Are there any parental concerns?
5. Current teaching methods and evaluation of success.
6. Is the student being given regular opportunities throughout the day to use AAC?
7. What will a change in the AAC system hope to achieve?

Further information to obtain if considering changing to an electronic system:

1. Have the student's parents/caregivers and external therapists explored or discussed electronic options?
2. Who will support the charging, programming, maintenance, and repair in the short and long term?
3. What is the potential for damage to an electronic device?
4. What is the student's potential ability to independently use the device?
5. Is the team supporting the student (i.e. parents/caregivers and school staff) able to learn how to use a speech generating device?