

**Survey Questions for the *International survey of SLP practices in working with children with Autism Spectrum Disorder* developed by The IALP Child Language Committee 2016**

**Reference:**

Gillon, G. T., Hyter, Y., Dreux, F., Ferman, S., Hus, Y., Petinou, K., Segal, O., Tumanova, T., Vogindroukas, I., Westby, C., & Westerveld, M. (In Press). International survey of SLP practices in working with children with Autism Spectrum Disorder: *Folia Phoniatica et Logopaedica*, Special Issue Online release, 2017

**Survey Questions (Administered online using Qualtrics survey tool)**

1. Are you a speech-language pathologist/therapist (SLP/T)?

- Yes
- No

If No is selected, the survey will discontinue.

2. Do you work with children and/or adolescents with Autism Spectrum Disorders (ASD)?

- Yes
- No

If No Is Selected, the survey will discontinue.

**BACKGROUND INFORMATION**

3. In what country do you work as an SLP/T?

Survey will have a drop down list of countries for participant to choose from.

4. In what language(s) do you practice as an SLP/T?

5. Please select your gender:

- Male
- Female
- No response

6. What is your highest educational degree?

- Bachelor
- Masters
- Doctoral
- Other (please specify) \_\_\_\_\_
- No response

7. How many years have you been practicing as an SLP/T?

- Under five years
- 5-10 years
- 10-15 years
- 15-20 years
- More than 20 years
- No response

8. What is your experience in working with children and adolescents with ASD?

- Recently started
- Some experience
- A lot of experience
- No response

9. Please select the facility that best describes the work setting(s) where you serve children and adolescents with ASD. You may select multiple facilities.

For each facility you select, please indicate the:

1) number of hours you work with children/adolescents with ASD

2) the age of the children/adolescents with ASD

	Please select	Hours per week working with children/adolescents with ASD			Age of children/adolescents with ASD		
		1-10	11-20	21-40	0-4 years	5-12 years	13-18 years
Hospital	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Health Centre	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ASD-specific Centre	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Day Care	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Education Centre(s)	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preschool	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary or secondary school(s)	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private Practitioner	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. What best describes your location of work?

- City
- Rural
- Remote
- No response

11. Have you completed specific training or professional development regarding ASD (beyond your initial professional study to become an SLP/T)?

- Yes
- No
- No response

If participant answers yes to previous question, then the survey will show the next question.

12 In what areas have you completed this training or professional development?

- Alternative communication systems
- Structured behavioral approach
- Use of alternative means of communication
- Social communication/engagement activities
- Parent training
- Other (please specify) \_\_\_\_\_

PART ONE: Prevalence and characteristics of children and adolescents with ASD on SLP/Ts' caseloads

13. Over the past 12-month period, your caseload [of children with ASD] included: (select all that apply)

- Male
- Female
- Monolingual
- Multilingual/bilingual
- High socio-economic background
- Middle socio-economic backgrounds
- Lower socio-economic backgrounds
- Those with other significant conditions

14. What is the typical age that children and adolescents with ASD on your caseload receive a diagnosis of ASD?

- Less than 2 years
- 2 years
- 3 years
- 4 years
- 5 years
- 6 years
- 7 years
- Greater than 8 years
- I'm not sure

15. For children and adolescents with ASD on your caseload, select the common co-morbid conditions.

- Mood disorders (e.g., depression, anxiety)
- Epilepsy
- Food allergies/intolerances
- Speech disorders
- Intellectual disability
- Attention Deficit Hyperactivity Disorder (ADHD)
- Obsessive-Compulsive Disorder (OCD)
- Oppositional Defiant Disorder (ODD)/Conduct Disorder (CD)
- Sensory Modulation/Integration Disorder
- Language/ Literacy Disorder
- Other (please specify) \_\_\_\_\_
- Other comments you would like to add: \_\_\_\_\_

16. How often do you work with children and adolescents with ASD who come from a culture different than your own?

- Never
- Rarely
- Sometimes
- Often
- Always

17. Who primarily refers children and adolescents with ASD for speech-language/therapy services to your work facility or facilities?

- Parent
- Pediatrician/Physician
- Educational professional (e.g., principal, teacher)
- Psychologist
- Psychiatrist
- Other SLP/T
- Social Worker
- Other (please specify) \_\_\_\_\_

PART TWO: SLP/Ts' role in diagnosis of ASD

18. Do SLP/Ts participate in the diagnosis of ASD in your country or region?

- Never
- Rarely
- Sometimes
- Often
- Always
- I'm not sure

19. Are you involved with a collaborative team in the diagnosis of children and adolescents with ASD?

- Never
- Rarely
- Sometimes
- Often
- Always

20. Have you ever been involved in the diagnosis of ASD for children and adolescents?

- Yes
- No

21. If answer is no to the previous question, the survey will show the next two questions.

Why have you never been involved in the diagnosis of ASD for children and adolescents?

- SLP/Ts are not allowed to be involved in the diagnosis of ASD in my region
- this is not a service offered in my work setting(s)
- there is opportunity for me to be involved in diagnosis of ASD but I don't have adequate expertise to participate in diagnosis
- other (please specify) \_\_\_\_\_

22. Do you screen for the presence of ASD even though you are not involved in the diagnosis of ASD for children and adolescents?

- Yes
- No

If answer is yes to the previous question, the survey will show the next question.

23. What instruments do you use for screening ASD in children and adolescents?

24. Which professionals are responsible for the diagnosis of children and adolescents with ASD? Select all that apply.

- A team of professionals
- Psychologist
- Psychiatrist
- Pediatrician/Physician
- Occupational Therapist
- Social Worker
- Special Education Teacher
- Speech-Language Pathologist/Therapist
- Other (please specify) \_\_\_\_\_
- I'm not sure

25. Who decides which professionals can diagnose ASD in your region?

- Please specify: \_\_\_\_\_
- I'm not sure

26. Please list formal assessments (i.e., yields a scaled or standard score) used in the diagnosis of ASD in your region. Please write the full name of each assessment (e.g., Autism Diagnostic Observation Schedule rather than ADOS).

27. Please list informal assessments (i.e., does not yield a scaled or standard score) used in the diagnosis of ASD in your region.

28. What are the most common behaviors or signs you have observed in children or adolescents that have made you suspect ASD?

- limited development of early social-cognitive skills (e.g., imitation, joint attention, eye contact)
- limited or delayed pre-linguistic vocal behaviors (e.g., babbling, cooing)
- delayed or disordered speech/language development
- limited play skills (e.g., does not engage in pretend play)
- limited conversational skills (e.g., difficulty with turn taking)
- speaks with unusual rhythm or tone (e.g., monotonous sounding)
- avoids physical contact with others
- difficulty understanding the emotions or perspectives of others
- performs repetitive movements or behaviors
- unusual fascination with an object, activity or topic
- upset by change in routines or rituals
- difficulty making friends
- sensitivity to sensory stimuli (e.g., sound, light, touch, food texture)
- Others (please specify) \_\_\_\_\_

PART THREE: SLP/Ts' role in assessment for intervention planning for children and adolescents with ASD

29. In your role as an SLP/T over the last 12-month period, did you conduct speech-language assessment of children or adolescents with ASD to plan intervention for them?

- Never
- Rarely
- Sometimes
- Often
- Always

If never is selected, then the survey will skip to PART 4.



30. Do you use standardized norm-referenced assessments, such as those that result in scaled scores, to help determine intervention goals for children and adolescents with ASD?

- Never
- Rarely
- Sometimes
- Often
- Always

The next question will show up on the survey as long as never is not selected in the previous question.

31. What standardized norm-referenced assessments do you use when determining intervention goals for children and adolescents with ASD? Select all that apply.

- Peabody Picture Vocabulary Test (PPVT)
- Receptive One-Word Picture Vocabulary Test
- Expressive One-Word Picture Vocabulary Test
- Reynell Developmental Language Scales (RDLS)
- Receptive-Expressive Emergent Language Test (REEL)
- MacArthur-Bates Communicative Development Inventories (CDI)
- Communication and Symbolic Behavior Scales (CSBS)
- Preschool Language Scale (PLS-V) or any version
- Boehm Test of Basic Concepts
- Test of Early Language Development (TELD)
- Clinical Evaluation of Language Fundamentals-Preschool (CELF-P)
- Clinical Evaluation of Language Fundamentals-4 (CELF-4) or any version
- Comprehensive Assessment of Spoken Language (CASL)
- Test of Language Development (TOLD)
- Oral and Written Language Scales (OWLS)
- Kaufmann Speech Praxis Test for Children (KSPT)
- Goldman-Fristoe Test of Articulation (GFTA)
- Test of Narrative Language (TNL)
- Pragmatic Language Skills Inventory (PLSI)
- Test of Problem Solving (TOPS)
- Test of Language Competence (TLC)
- Autism Screening Instrument for Educational Planning (ASIEP)
- Other (please specify) \_\_\_\_\_

32. Do you use criterion-referenced assessments, such as questionnaires or checklists, to help determine intervention goals for children and adolescents with ASD?

- Never
- Rarely
- Sometimes
- Often
- Always

33. What specific informal assessment practices, such as those you have developed yourself, do you use to help determine intervention goals for children and adolescents with ASD?

- Checklist for Autism in Toddlers (CHAT-T)
- Quantitative Checklist for Autism in Toddlers (Q-CHAT)
- Childhood Autism Spectrum Test (CAST)
- Autism Spectrum Quotient (AQ)
- Rossetti Infant-Toddler Language Scale
- Other (please specify) \_\_\_\_\_
- None

34. Do you have access to assessments for children and adolescents with ASD that are in your clients' native language?

- Yes
- No

35. Do you use an interpreter when conducting assessment of children and adolescents with ASD whose native or home language is a language that you do not speak or understand?

- Yes
- No
- Not applicable

36. Are you using assessments that are standardized in your region's native languages?

- Yes
- No

37. Dynamic assessment refers to incorporating teaching into assessment and evaluating how this enhances a child's performance. Do you use this assessment method to help determine intervention goals for children with ASD?

- Never
- Rarely
- Sometimes
- Often
- Always



39. How often do you assess the communication and/or participation abilities of children and adolescents with ASD in daily activities and routines?

- Never
- Rarely
- Sometimes
- Often
- Always

The next question will show up on the survey as long as never is not selected in the previous question.

40. Please list any tools or procedures you use to assess the participation of children and adolescents with ASD in daily activities and routines.

PART FOUR: SLP/Ts' intervention practices for children and adolescents with ASD

41. In your role as an SLP/T over the last 12-month period, did you provide intervention for children or adolescents with ASD?

- Never
- Rarely
- Sometimes
- Often
- Always

If never is selected, the survey will skip to PART 5.

42. What is the most common frequency of intervention you provide for children and adolescents with ASD?

- More than once a week
- Once a week
- Every two weeks
- Once a month
- Other (please specify) \_\_\_\_\_

43. What is the usual period of intervention that you provide for children and adolescents with ASD?

- 1-6 months
- 7-12 months
- between 1 and 2 years
- between 2 and 3 years
- more than 3 years

44. Do you work with children and adolescents with ASD in individual therapy sessions?

- Never
- Rarely
- Sometimes
- Often
- Always

45. Do you work with children and adolescents with ASD in small group sessions?

- Never
- Rarely
- Sometimes
- Often
- Always

46. How often do you provide intervention within:

	Never	Rarely	Sometimes	Often	Always
a public clinic or hospital setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a private clinic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
general education classroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
special education classroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a room outside the classroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
the child's home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
other (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
other (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

47. Do you use technology (e.g., phones, tablets) or computers in intervention for children and adolescents with ASD?

- Never
- Rarely
- Sometimes
- Often
- Always

48. Do you work on AAC (augmentative and alternative communication) goals for children and adolescents with ASD?

- Never
- Rarely
- Sometimes
- Often
- Always

The next question will show up on the survey as long as never is not selected in the previous question.

49. What types of AAC do you use with children and adolescents with ASD?

- Picture Exchange Communication System (PECS)
- Sign Language
- Makaton
- Bliss Symbols
- Computer technology
- Visual Symbols
- Written words
- Voice activated devices
- Organized communication boards
- Other (please specify) \_\_\_\_\_

50. Do you use commercially available intervention programs or resources for children and adolescents with ASD?

- Never
- Rarely
- Sometimes
- Often
- Always

51. Do you create your own interventions and/or modify commercial programs?

- Never
- Rarely
- Sometimes
- Often
- Always

52. Which commercially available intervention approaches do you use?

- Applied Behavior Analysis (ABA)
- Pivotal Response Treatment
- TEACCH
- Denver Model
- Intensive Interaction
- Hanen
- Parent-Child Interaction Therapy (PCIT)
- DIR/Floortime
- Relationship Development Intervention (RDI)
- Social/Linguistic Approach
- Others (please specify) \_\_\_\_\_
- I don't use any commercially available intervention approaches

53. Do you use specific parent training/education programs with parents of children/adolescents with ASD?

Yes

No



PART FIVE: SLP/Ts' collaborative practices in the assessment and treatment of children and adolescents with ASD

54. To what extent do you work with the following people to build their capacity to support children and adolescents with ASD?

	Never	Rarely	Sometimes	Often	Always	Not applicable
parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
teachers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
educational para-professionals (e.g., teaching assistants)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
educational administration (e.g., principals, program coordinators)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

55. Please list specific approaches you use to build the capacity of teachers to support children and adolescents with ASD.



58. Please select the health professionals you would usually collaborate with in working with children and adolescents with ASD. Select all that apply.

- Other SLP/Ts
- Occupational Therapists
- Physical Therapists
- Social Workers
- Pediatricians/physicians
- Audiologists
- Nurses
- Psychologists
- Psychiatrists
- Other (please specify) \_\_\_\_\_
- None