



ASHA
American
Speech-Language-Hearing
Association

Schools Survey Report:
Trends in Educational Audiology
2010–2020

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Introduction

The American Speech-Language-Hearing Association (ASHA) conducted the *2020 Schools Survey* to gather information about professional issues related to school-based services. Results from this survey are presented in a series of reports, including this report on trends in educational audiology.

The salaries presented in this report are full-time gross salaries (salaries prior to deductions). The statistic that is presented is the median (i.e., middle or 50th percentile). Median salaries are presented because they are more stable than means (i.e., averages) and are less sensitive to extreme values. To preserve confidentiality and provide more certain results, we have not reported data for groups of fewer than 25.

Findings from the 2010, 2012, 2014, 2016, and 2018 *ASHA Schools Surveys* are included in this report for comparative purposes. Questions differ among surveys, so data on all topics are not available for all survey years.

Survey Report Highlights

Workforce and Work Conditions

In 2020:

- Most (81%) survey respondents who were employed as audiologists worked full time—about the same as in recent past years (80%–88% from 2010 to 2018).
- Most (90%) respondents who were employed full or part time as audiologists were salaried employees—about the same as in recent past years (87%–93% from 2012 to 2018). The remainder were contractors or were self-employed.
- More than half (53%) of audiologists reported that *limited family/caregiver involvement and support* was their greatest, or one of their greatest, professional challenges—up slightly from recent past years (41%–50% from 2010 to 2018).

Earnings

In 2020:

- Most (88%) audiologists were paid an annual salary in their primary jobs—about the same as in recent past years (86%–93% from 2010 to 2018). The remainder were paid at an hourly rate.
- Most (76%) audiologists who were paid an annual salary in their primary jobs worked 9 or 10 months per year (an academic year)—about the same as in recent past years (71%–80% from 2010 to 2018).
- Audiologists reported an overall median academic year salary of \$72,000—up from \$70,038 in 2016 (a 3% increase).

In 2020:

- Audiologists reported an overall median calendar year salary of \$82,213—up slightly from \$82,000 in 2016.
- About 20% of audiologists received a salary supplement for having their ASHA Certificate of Clinical Competence (CCC)—the same or about the same as in recent past years (17%–26% from 2010 to 2016).

Unpaid Student Debt

- In 2020, 15% of audiologists reported having unpaid student debt—the same or about the same as in recent past years (13%–16% from 2010 to 2018). The median amount owed was \$50,379—compared with \$25,000–\$60,819 from 2010 to 2018.

Caseload/Workload

- In 2020, most (56%) audiologists indicated that a workload approach was used to determine the number of students they served—about the same as in recent past years (55%–63% from 2010 to 2016).
- In 2020, audiologists had a median monthly caseload size of 60—up from 50 in 2010 and 2012, up from 55 in 2014, and the same as in 2016 and 2018.
- As would be expected, from 2010 to 2020, most audiologists served students with hearing loss. Audiologists' caseloads included a higher average number of students with hearing loss than with other disorders.
- From 2014 to 2020, audiologists spent much of their time each week performing diagnostic evaluations (an average of 12–16 hours) and providing technological support (an average of 8–11 hours).
- In 2020, about half (48%) of audiologists were not required to make up missed sessions with students—compared with 53% in 2016 and 37% in 2018.

Member Satisfaction Ratings

In 2020:

- Nearly half (44%) of audiologists indicated that ASHA was doing a good or excellent job in serving its school-based members overall—down from recent past years (48%–62% from 2012 to 2018).
- About half (51%) of audiologists indicated that ASHA was doing a good or excellent job with continuing education—up from 49% in 2016 and 47% in 2018.
- About half (51%) of audiologists indicated that ASHA was doing a good or excellent job with resources—the same as in 2018.

Workforce and Work Conditions

Employment Status

Full Time or Part Time

In 2020, most (81%) survey respondents who were employed as audiologists worked full time—about the same as in recent past years (80%–88% from 2010 to 2018; see Table 1).

Table 1. *Percentage of ASHA Schools Survey audiologist respondents who are employed full or part time, by year.*

Employment status	%					
	2010 (n = 271)	2012 (n = 250)	2014 (n = 173)	2016 (n = 209)	2018 (n = 204)	2020 (n = 200)
Employed full time	82	85	84	80	88	81
Employed part time ^a	18	15	16	20	12	19

Note. These data are from the 2010, 2012, 2014, 2016, 2018, and 2020 ASHA Schools Surveys. ^aEmployed part time was not defined in the surveys.

Salaried Employee, Contractor, or Self-Employed

In 2020, most (90%) respondents who were employed full or part time as audiologists were salaried employees—about the same as in recent past years (87%–93% from 2012 to 2018). The remainder were contractors or were self-employed (see Table 2).

Table 2. *Percentage of ASHA Schools Survey audiologist respondents who are salaried employees, contractors, or self-employed, by year.*

Designation	%				
	2012 (n = 250)	2014 (n = 204)	2016 (n = 207)	2018 (n = 201)	2020 (n = 197)
Salaried employee	93	89	87	91	90
Contractor	7	11	13	9	8
Self-employed	—	—	—	—	1

Note. These data are from the 2012, 2014, 2016, 2018, and 2020 ASHA Schools Surveys. Dash indicates that the item was not included in the survey. Because of rounding, percentages may not total exactly 100%.



Greatest Professional Challenges

In 2020, more than half (53%) of audiologists reported that *large amount of paperwork, limited family/caregiver involvement and support, and limited understanding of my role by others* were their top professional challenges. Nearly half (47%) reported that *budget constraints* were a top professional challenge—down from 66% in 2016 and 2018 (see Appendix Table 1).

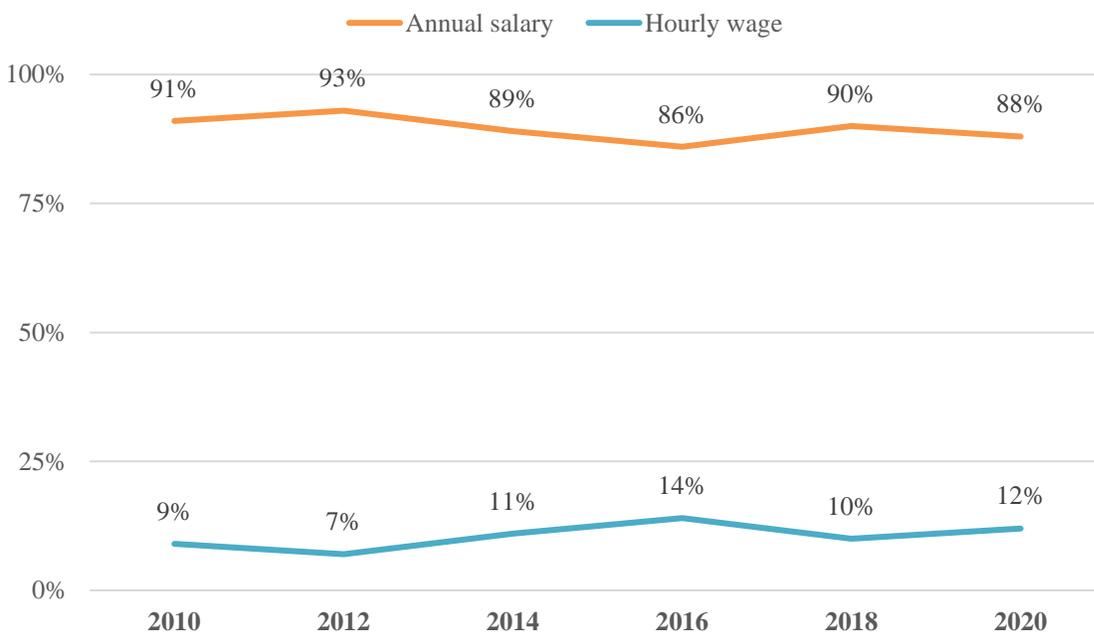
Earnings

Salary Basis

Annual Salary or Hourly Wage

In 2020, most (88%) audiologists were paid an annual salary in their primary jobs—about the same as in recent past years (86%–93% from 2010 to 2018). The remainder were paid at an hourly rate (see Figure 1).

Figure 1. Percentage of school-based audiologists who are paid an annual salary or an hourly wage in their primary jobs, by year.

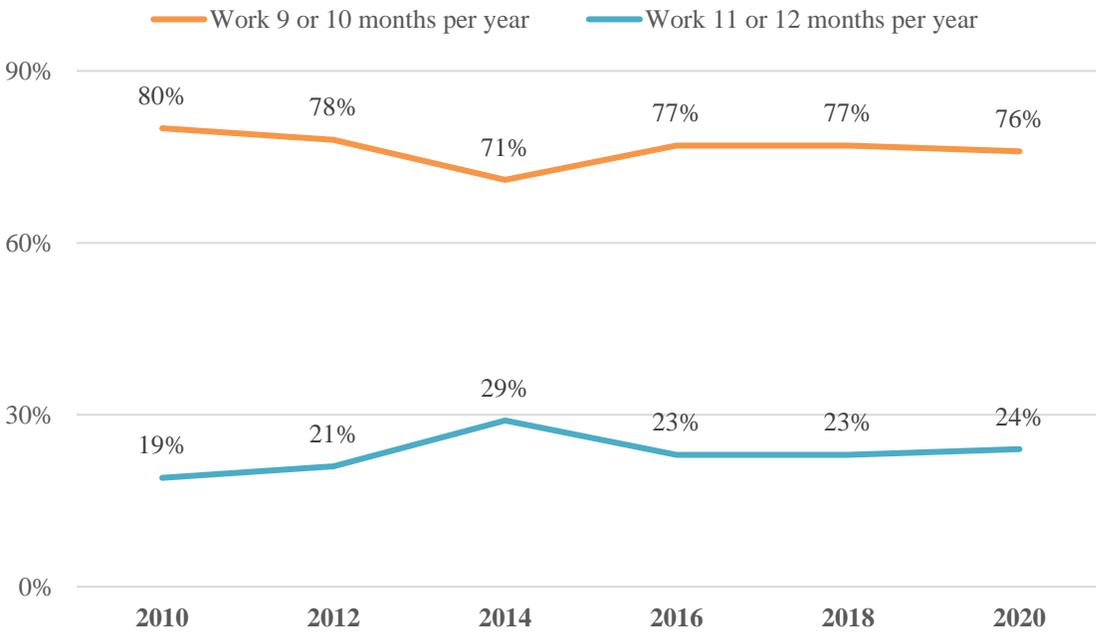


Note. These data are from the 2010, 2012, 2014, 2016, 2018, and 2020 ASHA Schools Surveys. $n = 270$ (2010); $n = 250$ (2012); $n = 173$ (2014); $n = 209$ (2016); $n = 202$ (2018); $n = 200$ (2020).

Academic or Calendar Year

In 2020, most (76%) audiologists who were paid an annual salary in their primary jobs worked 9 or 10 months per year (an academic year)—about the same as in recent past years (71%–80% from 2010 to 2018; see Figure 2).

Figure 2. Percentage of school-based audiologists who are paid an annual salary in their primary jobs and who work 9 or 10 months per year or 11 or 12 months per year, by year.



Note. These data are from the 2010, 2012, 2014, 2016, 2018, and 2020 ASHA Schools Surveys. Because of rounding, percentages may not total exactly 100%. In 2010, fewer than 1% of audiologists selected *worked other period* on the survey. In 2012, 1% of audiologists selected *worked other period* on the survey. $n = 223$ (2010); $n = 209$ (2012); $n = 141$ (2014); $n = 166$ (2016); $n = 164$ (2018); $n = 174$ (2020).

Limitations of Survey Analysis

Because the percentage of audiologists who were paid on an hourly basis is so small, the analyses included in this report are limited to audiologists who were paid an annual salary.

Annual Salaries

In 2020, audiologists reported a median academic year salary of \$72,000—up from \$70,038 in 2016 (a 3% increase). They reported a median calendar year salary of \$82,213—up slightly from \$82,000 in 2016 (see Table 3). The *median salary* is the salary at which half of the audiologists reported more than that amount and half reported less.

Table 3. Median academic and calendar year salaries of school-based audiologists, by year.

Salary	\$					
	2010 (n = 194)	2012 (n = 186)	2014 (n = 128)	2016 (n = 151)	2018 (n = 158)	2020 (n = 144)
Academic year (9–10 month) salary	60,000	63,000	67,000	70,038	67,000	72,000
Calendar year (10–11 month) salary	70,239	69,836	77,157	82,000	80,000	82,213

Note. These data are from the 2010, 2012, 2014, 2016, 2018, and 2020 ASHA Schools Surveys.

Salary Supplements

From 2010 to 2020, more audiologists received a salary supplement for having their ASHA Certificate of Clinical Competence (CCC) than for any other reason (see Table 4).

Table 4. Percentage of school-based audiologists who receive a salary supplement, by reason for receiving the supplement and by year.

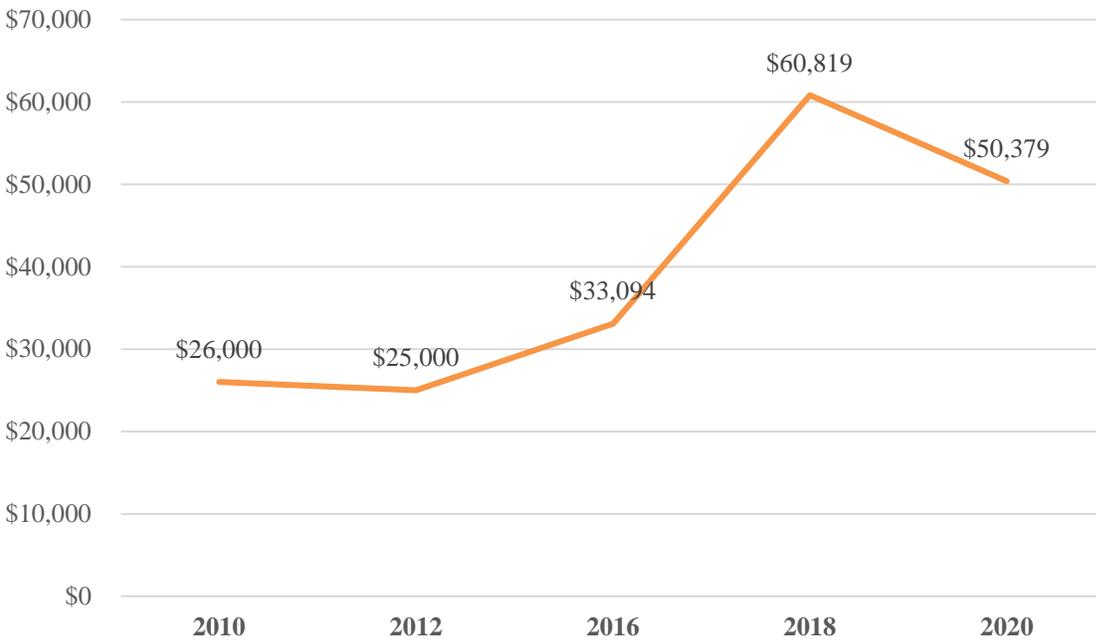
Reason	%				
	2010 (n ≥ 231)	2012 (n ≥ 222)	2014 (n ≥ 149)	2016 (n ≥ 193)	2020 (n ≥ 182)
ASHA CCCs	22	20	26	17	20
Bilingual services	1	2	2	1	—
Extra duties (e.g., Medicaid billing, supervision) ^a	8	8	9	4	—
Medicaid billing	—	—	—	—	3
National Board Certification for teachers	—	—	—	5	—
Recruitment/retention bonus	3	3	4	1	—
Results of performance evaluation ^b	—	3	4	13	—
Supervision of assistants or aides	—	—	—	—	3
Supervision of graduate students	—	—	—	—	4

Note. These data are from the 2010, 2012, 2014, 2016, and 2020 ASHA Schools Surveys. Dash indicates that the item was not included in the survey. CCC = Certificate of Clinical Competence. ^aIn 2020, the *extra duties (e.g., Medicaid billing, supervision)* item was replaced by the more specific *Medicaid billing, supervision of assistants or aides, and supervision of graduate students* items. ^bIn the 2012 and 2014 surveys, this item was *results of value-added assessment*.

Unpaid Student Debt

In 2020, 15% of audiologists reported having unpaid student debt—the same or about the same as in recent past years (15% in 2010 and 2012, 13% in 2014, 15% in 2016, and 16% in 2018). (These data are not shown in any figure or table.) The median amount owed was \$50,379—compared with \$25,000–\$60,819 from 2010 to 2018 (see Figure 3).

Figure 3. Median amount of unpaid student debt owed by school-based audiologists, by year.



Note. These data are from the 2010, 2012, 2016, 2018, and 2020 ASHA Schools Surveys.

To preserve confidentiality and provide more certain results, we have not reported data for groups of fewer than 25 survey respondents.

$n = 43$ (2010); $n = 36$ (2012); $n < 25$ (2014); $n = 33$ (2016); $n = 32$ (2018); $n = 31$ (2020).

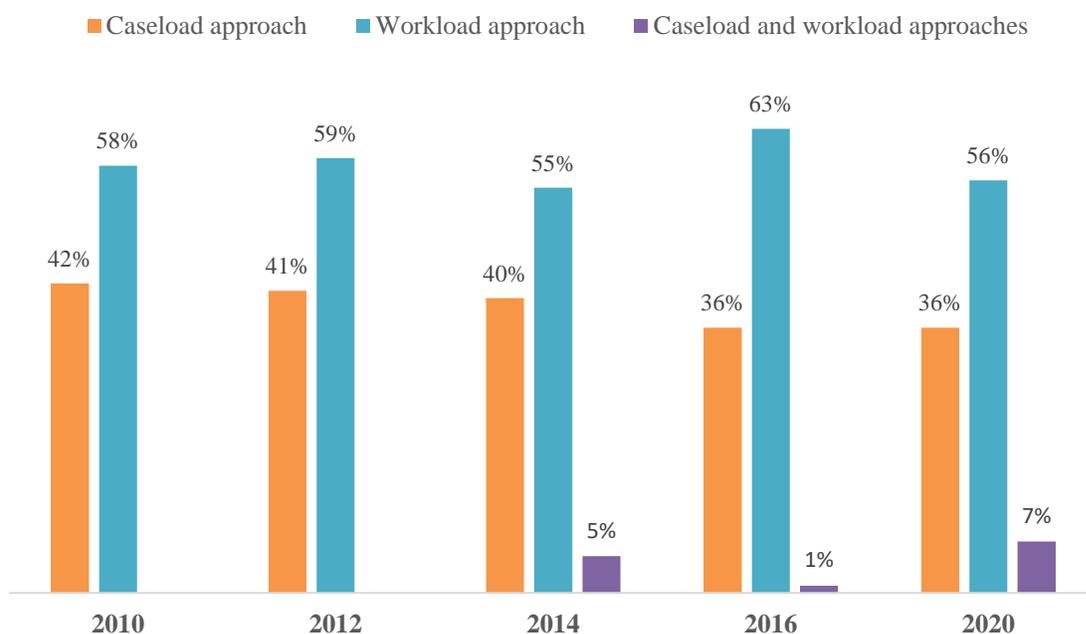
Caseload/Workload

Caseload or Workload Approach

As defined in the survey, a *caseload approach* is based on the number of students served; a *workload approach* is based on all activities required and performed.

In 2020, most (56%) audiologists indicated that a workload approach was used to determine the number of students they served—about the same as in recent past years (55%–63% from 2010 to 2016; see Figure 4).

Figure 4. Percentage of school-based audiologists who indicate that a caseload and/or workload approach is used to determine the number of students they serve, by year.



Note. These data are from the 2010, 2012, 2014, 2016, and 2020 ASHA Schools Surveys.

In 2010 and 2012, *caseload and workload approaches (combined)* was not included in the survey.

$n = 229$ (2010); $n = 201$ (2012); $n = 147$ (2014); $n = 135$ (2016); $n = 137$ (2020).

Caseload Size

In 2020, audiologists had a median monthly caseload size of 60—up from 50 in 2010 and 2012, up from 55 in 2014, and the same as in 2016 and 2018. In other words, in 2020, each audiologist served about 60 different students in a typical month. (These data are not shown in any figure or table.)

Areas of Intervention

As would be expected, from 2010 to 2020, most audiologists served students with hearing loss. In 2020, more than half (58%) of audiologists served students with autism spectrum disorder—up from recent past years (31%–53% from 2010 to 2018). About half (54%) of audiologists served students with auditory processing disorders—up from recent past years (31%–46% from 2010 to 2018; see Appendix Table 2).

From 2010 to 2020, audiologists’ caseloads included a higher average number of students with hearing loss than with other disorders (see Appendix Table 3).

Weekly Activities

From 2014 to 2020, audiologists spent much of their time each week performing diagnostic evaluations (an average of 12–16 hours) and providing technological support (an average of 8–11 hours; see Table 6).

Table 6. Average number of hours per week that school-based audiologists spend on activities, by year.

Weekly activity	#			
	2014 (n = 92)	2016 (n = 76)	2018 (n = 84)	2020 (n = 74)
Collaborative consultation	—	—	5	3
Diagnostic evaluations (e.g., observation, screening, scoring, analysis)	12	12	16	14
Direct intervention: Classroom-based/integrated services	2	2	9	3
Direct intervention: Pullout	3	3	8	2
Documentation/paperwork	7	7	—	—
Medicaid billing	—	1	—	—
MTSS/RtI activities	1	0	3	1
Services to Section 504 students	1	1	4	2
Supervision	1	1	5	1
Technological support (e.g., hearing aids/cochlear implants, AAC ^a)	8	9	11	10
Telepractice	—	—	—	< 1
Other duties as assigned ^b	6	2	—	5

Note. These data are from the 2014, 2016, 2018, and 2020 ASHA Schools Surveys. Analysis was limited to clinicians who were employed full time and had a caseload size of at least one student. In 2014, 2016, and 2018, clinicians worked a maximum of 52 hours per week; in 2020, they worked a maximum of 55 hours per week. Dash indicates that the item was not included in the survey. MTSS = multitiered system of supports; RtI = response to intervention; AAC = augmentative and alternative communication. ^aIn 2014, this item was *troubleshooting technology* (e.g., hearing aids, AAC, cochlear implants, personal FM systems). ^bIn 2014 and 2016, this item was *other indirect activities*.

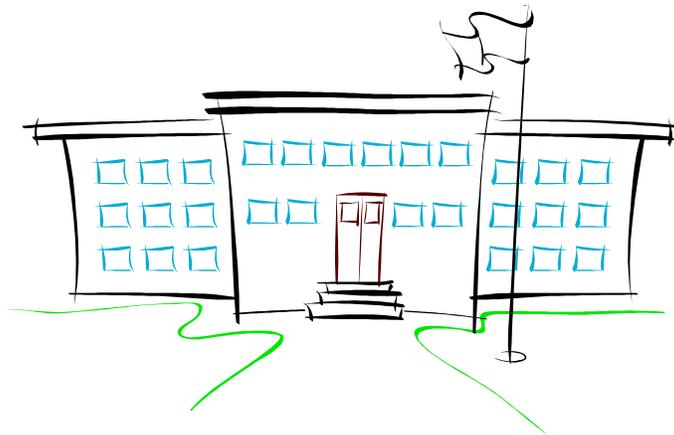
Missed Sessions With Students

In 2020, about half (48%) of audiologists were *not* required to make up missed sessions with students—compared with 53% in 2016 and 37% in 2018. More than one third (35%) of audiologists were required to make up missed sessions with students any time they missed a session for any reason—up from 29% in 2016 and 27% in 2018; see Table 5).

Table 5. *Percentage of school-based audiologists who are required to make up missed sessions with students, by circumstance and by year.*

Circumstance	%		
	2016 (<i>n</i> = 142)	2018 (<i>n</i> = 146)	2020 (<i>n</i> = 150)
I am not required to make up missed sessions.	53	37	48
When the student misses a session due to an assembly or a classroom activity.	5	10	5
Any time a student misses a session for any reason.	10	12	15
Any time I miss a session for any reason.	29	27	35

Note. These data are from the 2016, 2018, and 2020 ASHA Schools Surveys. Analyses were limited to clinicians who were employed full or part time.



Member Satisfaction Ratings

In 2020, nearly half (44%) of audiologists indicated that ASHA was doing a good or excellent job in serving its school-based members overall—down from recent past years (48%–62% from 2012 to 2018). Ratings varied by specific area of service and by year (see Table 7).

Table 7. Ratings for what kind of job ASHA is doing in serving its school-based members, by area and by year.

Rating	%					
	2010 (n = 265)	2012 (n ≥ 257)	2014 (n ≥ 175)	2016 (n ≥ 197)	2018 (n ≥ 198)	2020 (n ≥ 200)
Overall needs^a						
Poor	9	4	2	4	4	4
Fair	49	31	24	30	33	33
Good	38	42	56	45	44	37
Excellent	3	7	6	5	4	7
Don't know, NA	—	17	12	16	15	20
Advocacy						
Poor	—	7	6	8	7	10
Fair	—	28	31	27	30	26
Good	—	32	33	35	37	29
Excellent	—	7	10	5	5	8
Don't know, NA	—	25	21	26	21	27
Answering school-based practice questions						
Poor	—	—	—	—	6	6
Fair	—	—	—	—	34	26
Good	—	—	—	—	34	34
Excellent	—	—	—	—	3	8
Don't know, NA	—	—	—	—	23	27
Continuing education						
Poor	—	8	3	6	5	4
Fair	—	30	24	32	33	30
Good	—	41	44	38	39	37
Excellent	—	10	18	11	8	14
Don't know, NA	—	10	11	14	16	15
Resources^b						
Poor	—	4	1	2	3	6
Fair	—	21	15	24	28	25
Good	—	45	53	44	44	40
Excellent	—	16	22	16	7	11
Don't know, NA	—	15	9	14	17	18

Note. These data are from the 2010, 2012, 2014, 2016, 2018, and 2020 ASHA Schools Surveys. Dash indicates that the item was not included in the survey. Because of rounding, percentages may not total exactly 100%. ^aFrom 2010 to 2018, this item was *overall*. ^bFrom 2012 to 2016, this item was *with online resources*. In 2018, it was *with evidence-based resources*.

Survey Methodology

The survey was mailed on February 10, 2020, to a random sample of 500 ASHA-certified audiologists and 4,500 ASHA-certified speech-language pathologists (SLPs) employed in school settings in the United States. The sample was stratified by state. Small groups, such as SLPs and audiologists in Wyoming, were oversampled. A survey notification email was sent at the time of the mailing. A second mailing followed on March 11 to individuals who had not responded to the February mailing. A third mailing was canceled due to the COVID-19 pandemic.

Response Rates

Of the original 500 audiologists in the sample, 493 were eligible to complete the survey. The actual number of respondents was 208—a 42.2% response rate. The 2020 results presented in this report are based on responses from those 208 individuals.

Past *ASHA Schools Survey* response rates were as follows:

- 2010: 64.8% (overall); 59.1% (among audiologists)
- 2012: 63.6% (overall); 54.4% (among audiologists)
- 2014: 46.0% (overall); 38.0% (among audiologists)
- 2016: 47.4% (overall); 43.4% (among audiologists)
- 2018: 48.0% (overall); 41.3% (among audiologists)

Suggested Citation

American Speech-Language-Hearing Association. (2020). *Schools survey report: Trends in educational audiology, 2010–2020*. www.asha.org

Additional Information

Companion reports are available on the ASHA website at www.asha.org/Research/memberdata/Schools-Survey/.

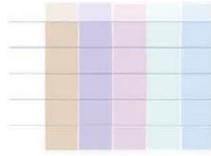
Questions?

For additional information regarding this report, please contact ASHA’s Audiology Professional Practices unit at audiology@asha.org.

Acknowledgment

Without the generous cooperation of the members who participate in our surveys, ASHA could not fulfill its mission to provide vital information about the professions and discipline to the Association membership and public. Thank you!

Appendix



Appendix Table 1. *Greatest professional challenges of school-based audiologists, by year.*

Professional challenge	%					
	2010 (n = 280)	2012 (n = 266)	2014 (n = 183)	2016 (n = 214)	2018 (n = 204)	2020 (n = 150)
Budget constraints	—	—	—	66	66	47
Ethical challenges	—	—	—	14	12	11
High caseload/workload size	51	46	44	42	50	42
Inadequate work space and facilities	19	19	28	27	30	38
Incorporating optimal service delivery models	—	—	21	27	36	26
Lack of funding to attend professional development programs	—	—	—	—	—	37
Lack of training to work with specific disorders or special populations	—	—	—	—	12	12
Large amount of paperwork	59	49	52	39	38	53
Legal challenges (e.g., due process)	—	—	—	—	12	10
Limited family/caregiver involvement and support ^a	41	42	42	43	50	53
Limited support from the administration	26	29	28	32	34	25
Limited time for collaboration	—	—	28	23	28	17
Limited understanding of my role by others	50	50	48	61	46	53
Low salary	29	29	25	36	31	26
Medicaid billing	—	—	—	12	11	13
Out-of-pocket professional expenses	33	34	28	25	21	21
Personnel shortage	—	—	—	17	16	19
Travel/distance between schools	—	—	29	23	26	33
Volume of meetings	—	—	—	—	—	33

Note. These data are from the 2010, 2012, 2014, 2016, 2018, and 2020 ASHA Schools Surveys. Dash indicates that the item was not included in the survey.

^aFrom 2010 to 2018, this item was *limited parental involvement and support*.

Appendix Table 2. *Percentage of school-based audiologists serving students, by area of intervention and by year.*

Area of intervention	%					
	2010 (n = 175)	2012 (n = 158)	2014 (n = 100)	2016 (n = 99)	2018 (n = 98)	2020 (n = 96)
Acquired brain injury ^a	8	9	0	6	16	11
Auditory processing disorders	44	31	43	45	46	54
Autism spectrum disorder ^b	32	33	31	46	53	58
Childhood apraxia of speech	9	8	9	14	14	13
Cognitive communication disorders	—	—	14	30	21	30
Dysphagia (swallowing/feeding disorders)	3	5	0	5	6	5
Fluency disorders	7	10	6	7	15	8
Hearing loss ^c	84	63	76	92	92	95
Language disorders: Pragmatics/social communication	15	18	17	31	32	27
Language disorders: Semantics, morphology, syntax	—	—	15	29	28	22
Nonverbal, AAC	18	15	12	23	27	28
Reading and writing (literacy) difficulties	15	9	9	17	15	14
Selective mutism	5	6	5	5	3	7
Speech sound disorders ^d	16	19	12	20	23	19
Voice or resonance disorders	3	4	1	0	7	6

Note. These data are from the 2010, 2012, 2014, 2016, 2018, and 2020 ASHA Schools Surveys. Dash indicates that the item was not included in the survey. ^aFrom 2010 to 2016, this item was *Traumatic brain injury*. ^bFrom 2010 to 2012, this item was *Autism spectrum disorders, including pervasive developmental disorder and Asperger's*. ^cFrom 2010 to 2012, this item was *hearing disorders*. ^dFrom 2010 to 2014, this item was *articulation/phonological disorders*. AAC = augmentative and alternative communication.

Appendix Table 3. Average number of students on school-based audiologists' caseloads, by area of intervention and by year.

Area of intervention	#					
	2010 (n varies)	2012 (n varies)	2014 (n varies)	2016 (n varies)	2018 (n varies)	2020 (n varies)
Acquired brain injury ^a	<i>n/r</i>	<i>n/r</i>	<i>n/r</i>	<i>n/r</i>	<i>n/r</i>	<i>n/r</i>
Auditory processing disorders	5	12	14	8	6	7
Autism spectrum disorder ^b	7	10	7	8	13	11
Childhood apraxia of speech	<i>n/r</i>	<i>n/r</i>	<i>n/r</i>	<i>n/r</i>	<i>n/r</i>	<i>n/r</i>
Cognitive communication disorders	—	—	<i>n/r</i>	11	<i>n/r</i>	9
Dysphagia (swallowing/feeding disorders)	<i>n/r</i>	<i>n/r</i>	<i>n/r</i>	<i>n/r</i>	<i>n/r</i>	<i>n/r</i>
Fluency disorders	<i>n/r</i>	<i>n/r</i>	<i>n/r</i>	<i>n/r</i>	<i>n/r</i>	<i>n/r</i>
Hearing loss ^c	50	79	80	59	48	61
Language disorders: Pragmatics/social communication	8	20	<i>n/r</i>	27	27	19
Language disorders: Semantics, morphology, syntax	—	—	<i>n/r</i>	26	26	<i>n/r</i>
Nonverbal, AAC	7	<i>n/r</i>	<i>n/r</i>	<i>n/r</i>	5	7
Reading and writing (literacy) difficulties	21	<i>n/r</i>	<i>n/r</i>	<i>n/r</i>	<i>n/r</i>	<i>n/r</i>
Selective mutism	<i>n/r</i>	<i>n/r</i>	<i>n/r</i>	<i>n/r</i>	<i>n/r</i>	<i>n/r</i>
Speech sound disorders ^d	27	34	<i>n/r</i>	<i>n/r</i>	<i>n/r</i>	<i>n/r</i>
Voice or resonance disorders	<i>n/r</i>	<i>n/r</i>	<i>n/r</i>	<i>n/r</i>	<i>n/r</i>	<i>n/r</i>

Note. These data are from the 2010, 2012, 2014, 2016, 2018, and 2020 ASHA Schools Surveys. The numbers included in this table were provided by audiologists who do serve students in the areas of intervention listed. The *n* values vary widely because audiologists did not serve students in all areas. *n/r* = not reported (to preserve confidentiality and provide more certain results, we have not reported data for groups of fewer than 25 survey respondents). Dash indicates that the item was not included in the survey. AAC = augmentative and alternative communication. ^aFrom 2010 to 2016, this item was *Traumatic brain injury*. ^bFrom 2010 to 2012, this item was *Autism spectrum disorders, including pervasive developmental disorder and Asperger's*. ^cFrom 2010 to 2012, this item was *hearing disorders*. ^dFrom 2010 to 2014, this item was *articulation/phonological disorders*.