



International Society For  
Augmentative And Alternative Communication

**INTERNATIONAL SOCIETY FOR  
AUGMENTATIVE AND ALTERNATIVE  
COMMUNICATION**

**ISAAC INDIA**

**Newsletter**

**2025 - ISSUE 4  
APRIL 2025**

**VISION**

AAC will be  
recognized, valued and  
used throughout the  
world

**MISSION**

To promote the best  
possible  
communication for  
people with complex  
communication need



International Society For  
Augmentative And Alternative Communication

## **In this newsletter you will find:**

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# From the Desk of ISAAC India Chapter

## Rehabilitation in Primary Care- Way Forward

WorldRehabilitationAlliance(WRA)

(<https://www.who.int/initiatives/rehabilitation-2030>) is a WHO global network of stakeholders whose mission is to support the implementation of the

Rehabilitation 2030 Initiative through advocacy activities. It focuses on promoting rehabilitation as an essential health service that is integral to Universal Health Coverage ( [https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-\(uhc\)](https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc)) ) and to the realization of Sustainable Development Goal 3 Ensure healthy lives and promote well-being for all at all ages ( [https://sdgs.un.org/sites/default/files/2025-02/2025HLPF\\_EGM\\_concept\\_note\\_SDG%203\\_FINAL.pdf](https://sdgs.un.org/sites/default/files/2025-02/2025HLPF_EGM_concept_note_SDG%203_FINAL.pdf)).

Integrating Rehabilitation in Primary Care is an important step towards last mile coverage.

(<https://www.globalfamilydoctor.com/News/WorldRehabilitationAlliance.aspx> ). Be that as it may, primary care is a model of care that supports first-contact, accessible, continuous, comprehensive and coordinated person-focused care. It aims to optimize population health and reduce disparities across the population by ensuring that subgroups have equal access to services. There are five core functions of primary care:

1. First contact accessibility creates a strategic entry point for and improves access to health services.
2. Continuity promotes the development of long-term personal relationships between a person and a health professional or a team of providers.
3. Comprehensiveness ensures that a diverse range of promotive, protective, preventive, curative, rehabilitative, and palliative services are provided.
4. Coordination organizes services and care across levels of the health system and over time and
5. People-centred care ensures that people have the education and support needed to make decisions and participate in their own care.

## Rehabilitation in Primary Care- Way Forward

Communication disability is a common but under-reported and often neglected part of health, rehabilitation and disability services, despite Communication disability has far-reaching impacts throughout life. Local and national governments, funders, communication disability experts, universities, non-government organisations, communities, health, social care, rehabilitation services and education sectors all have a role to play in putting issues faced by individuals with communication disability on the global disability/(re)habilitation agenda.

Innovative, affordable and accessible technology, techniques and manpower development means are required in contexts where services for individuals with communication disability are limited—particularly low and middle-income countries.

Let's involve ourselves and participate in this endeavour



**Best wishes**  
**Prof. Rangasayee**  
**Patron - ISAAC India Chapter**

# WEBINAR DETAILS

Webinars Conducted by ISAAC India Chapter **(April -2025)**

Webinar on **'AAC and Hearing Impairment: Identifying Red Flags and Making the Right Referrals'** by Ms. Sita Sreekumar & Dr. Vineetha Sara Philip held on 11<sup>th</sup> April 2025 provided a comprehensive overview of how hearing loss affects communication and language development, particularly in children with co-occurring disabilities. It emphasized the **importance of early identification and intervention** and discussed various types and degrees of hearing loss, along with their impact on education, social interaction, and mental health. The session also covered **assistive technologies** such as cochlear implants, hearing aids, and FM systems, and outlined clear indicators—or "red flags"—that suggested the need for **augmentative and alternative communication (AAC) referrals**.

The presentation featured four detailed case studies, each illustrating **different profiles of children with hearing loss who benefited from AAC** interventions. These case examples demonstrated how tools like communication boards and apps such as Avaz supported language development when traditional speech interventions were insufficient. The speaker highlighted the **necessity of AAC beyond sign language**, particularly for children with additional cognitive or developmental challenges, and advocated for personalized, multimodal approaches to enhance communication outcomes.

## **AAC selection through dynamic assessment for a child with intellectual disability**

Krupa Venkatraman , Darshanaa Harikrishnan, Sunandha Shree  
Sriramachandran

Speech Language Pathology, Sri Ramachandra Institute of Higher Education and Research (Deemed to be University), Chennai, Tamil Nadu, India  
Correspondence to Dr Krupa Venkatraman; [krupa.v@sriramachandra.edu.in](mailto:krupa.v@sriramachandra.edu.in)

**SUMMARY** This study presents a contemporary assessment method for selecting the appropriate augmentative and alternative communication (AAC) system for children with intellectual disabilities (IDs). This involves using dynamic assessment (DA) to identify the optimal AAC system that can improve a child's communication abilities. DA uncovers a child's capacity to acquire new skills with specific modifications and prompts. This approach was used to select the AAC systems appropriate for a boy in his middle childhood with communication impairment secondary to ID. Three AAC scenarios were gradually introduced to the child during the assessment, and the task with which it was presented (high-tech, low-tech conventional pictures and low-tech communication book with photographs) was gradually modified. The assessment outcome revealed two essential modifications to the AAC system that facilitated the child's functional communication. Despite the increasing popularity of advanced AAC systems, practical challenges such as accessibility, stimulus relevance and usability persist. Hence, it is crucial to consider a method such as DA to select the appropriate AAC system, considering the communication needs, language level and cognitive ability of children with ID.

Venkatraman K, Harikrishnan D, Sriramachandran SS. BMJ Case Rep 2025;18:e260363. doi:10.1136/bcr-2024- 260363

# RESEARCH IN INDIA

## **Aided Augmentative and Alternative Communication (AAC) interventions in India: A scoping review and quality appraisal**

Vineetha Sara Philip<sup>1</sup>, Swathi Geetha<sup>2</sup>, Anitha Naittee Abraham<sup>3</sup>

<sup>1</sup>Department of Audiology and Speech Language Pathology, National Institute of Speech and Hearing, Trivandrum, India.

<sup>2</sup>Department of Neurodevelopmental Sciences, National Institute of Speech and Hearing, Trivandrum, India.

<sup>3</sup>Berlin Medical and Neurological Rehabilitation, Abu Dhabi, UAE.

### Abstract

The current scoping review aims to map the existing research on aided augmentative and alternative communication (AAC) interventions in India, identify the gaps in the existing literature, and guide future research priorities. A comprehensive search between 1992 and 2022 yielded 39 studies that met the inclusion criteria. Studies were summarized in terms of publication details, treatment settings and geographical distribution, participant characteristics, study purpose, research design, dependent variables, outcome measures, independent variables, study findings, and quality appraisal. A relatively large proportion of studies originated from the southern part of India. A considerable increase was noted in the number of intervention studies published over the last decade. Most of the intervention studies followed a quasi-experimental or a case study design and focused on investigating the effect of training on an AAC system on the performance of individuals with communication disorders. Largely, all studies reported positive effects of AAC intervention; however, based on the quality appraisal, only a handful of studies adhered to high standards. Hence, to elevate the quality of AAC intervention research in India, it is imperative to employ robust methodologies in future studies.

Keywords: Augmentative and alternative communication; India; aided AAC intervention; low-and middle-income country; quality appraisal; scoping review.

Philip VS, Geetha S, Abraham AN. Aided Augmentative and Alternative Communication (AAC) interventions in India: A scoping review and quality appraisal. *Augment Altern Commun.* 2025 Feb 10:1-13. doi: 10.1080/07434618.2025.2458861. Epub ahead of print. PMID: 39930610; DOI: 10.1080/07434618.2025.2458861

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# PUZZLE TIME

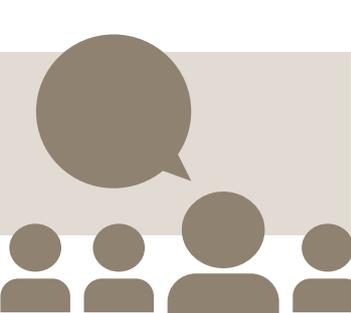
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FIND THE BELOW 10 WORDS  
RELATED TO AAC

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I N V V S S W I T C H E S P Y  
I U C D D D R I C O A E W D S  
Y C N E R A P S N A R T S G E  
I A D S W E E T R M C D G G I  
G I S E S U M S P A E T E E T  
A E A E R E E D E T E S A T I  
A U O M A U E S S U T D N A T  
D H T A G D E G U U N C E U I  
S S R K I R P D R Y G M A E S  
N C U A U N K E R I A E N A I  
G A N T U G S M S S T C I E G  
I U C O V U S E A A G U N E N  
P I S N A A U S S E V I R E S  
P T E C N S S O I C S R I S D  
O A U G M E N T A T I V E C C

Pictures ,Makaton, Gestures,Transparency ,  
Switches Aided, Signs ,Unaided ,Augmentative



# VOICES FROM USER

On 15<sup>th</sup> March 2025, An interaction was made with a successful AAC user, who learn about AAC from a speech-language pathologist and gradually he became oral while keeping his problem aside. He shares his experience and dreams with other users.

*"Hello, I am Bhargav. When I was born, the doctors told my parents I had cerebral palsy. They said many things about what I might "never" do—but they didn't know how much fire I had inside me."*

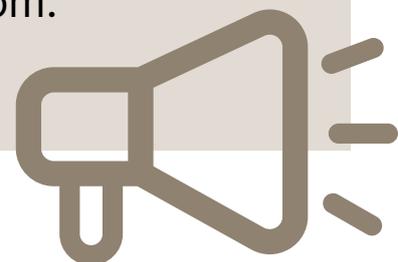
## *The Years of Unheard Words*

As a child, my mind was full of stories, questions, and jokes... but my body wouldn't let me share them. My speech was unclear, and the frustration was like screaming into a pillow—no one could hear me. Classmates would walk away because they didn't understand. Teachers tried, but even kindness couldn't unlock my voice.

## *The Day Everything Changed*

My parents never gave up. They took me to hospitals, therapists, and specialists across the country. Then, my speech therapist introduced me to "AAC"—a broad range of pictures, as I had difficulties with my hand movements, they suggested a tablet with pictures and words that spoke "for me" until I could speak for myself.

"Try this, Bhargav," the therapist said. I tapped the screen: "I want water." For the first time, my mother cried "happy" tears. That machine wasn't just a tool—it was my voice, my freedom.



# VOICES FROM USER

## *The Fight to Speak—And Be Heard*

With AAC, I practiced every day:

- First, single words. Then sentences.
- My therapist taught me exercises to strengthen my speech.
- Slowly, my natural voice began to emerge—like a light flickering on.

Now, just entered 9th grade, and I speak in class (with a little effort!). My friends don't see my AAC as "different"—they see it as "cool", like my personal superpower.

## *My Dream: A Voice for Others*

I want to become a "District Collector"—not despite my struggles, but 'because' of them. I know what it's like to be ignored. When I'm in charge, I'll make sure 'no one' is left unheard.

To Every Parent and Child Reading This:

- Your struggles today are the seeds of your strength tomorrow.
- AAC isn't "giving up" on speech—it's building a ladder to reach it.
- My voice was buried, but not lost. "Neither is yours."
- be steady, and persistent, and use AAC as your own organ of the body, nothing can stop you from being successful.

With hope, Bhargav"

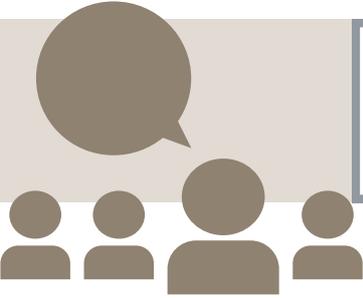


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Dedication from the users and assistance from professionals make every child communicate efficiently. Looking at the success story of Bhargav, it can show us that he was ambitious, determined, and consistent toward his goal, and here is what he dreamed for.

Credits: Mr. Kamal Sharma, Ph.D Scholar, SRFASLP, Chennai





# TECH UPDATE

The massive transformative purpose of Bhashini AI Solutions Pvt Ltd is to create a technology ecosystem that empowers people with disability. Bhashini.ai Speak is an app available on Google Play Store that can be used by people with speech or visual disabilities. People with speech disability can type in text in any one of 8 Indian languages (Kannada, Telugu, Tamil, Malayalam, Hindi, Bangla, Marathi, and English) in the native script of the language, synthesize it as speech in a male or female voice, and play aloud. They can also share the generated speech on WhatsApp or attach it to an email with a click. If they know only one language (say, English), they can translate it to any of these languages, synthesize, and converse with family, friends and others. The amount of text input for each trial has been restricted to 250 characters in the free version. Subscribing monthly or yearly gives you up to 50,000 characters for speech synthesis per day. This is currently being used by some people, who have lost their voice due to laryngectomy.

For people with visual disabilities, once they install the app, our TTS engine becomes available for reading any text content on the mobile. Very soon, our app will have a choice of 10 different Kannada voices.

Translation: Anyone can use this app to communicate with others while traveling to other states. It translates text between any of the supported languages and synthesizes it as speech. So, now you can send WhatsApp messages easily in your chaste mother tongue! You can learn to speak one of these languages using the translate-speak route. This is useful for children of Indian origin living outside their state or in other countries, like Singapore, Malaysia, the USA, or the UK. I have been using it to talk to cab drivers and shopkeepers in Hindi whenever I travel to North India.

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Bhashini.ai Speak Android App

Link: <https://play.google.com/store/apps/details?id=ai.bhashini.speak>





# TECH UPDATE

## Text Recognition (OCR):

This is currently under testing and we are also adding a few more features. The Speak app also has the provision to scan any text using the mobile camera, or upload an existing document (pdf or image), recognize (OCR) it and then read it aloud. This feature is specially meant for people with visual disabilities.

Please contact us at [bhashini.ai@gmail.com](mailto:bhashini.ai@gmail.com) for any special need that can increase your productivity or earning potential. We will make our best effort to serve you.

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Bhashini.ai Speak Android App

Link: <https://play.google.com/store/apps/details?id=ai.bhashini.speak>



# COMIC TIME

## AAC – YOUR FRIEND



## **NOTE**

**Students, professionals & researchers are invited to share the reference of their research work in the field of AAC to**

**secretaryisaacindia@gmail.com**

**to be included in the next issue of ISAAC India Chapter Newsletter**

**LAST DATE TO SUBMIT  
15TH JUNE, 2025**

### **Readers Column**

*This place is for you!!!*

Please send your  
comments/suggestions for our next  
issue

## ABOUT ISAAC INDIA CHAPTER & IT'S MEMBERSHIP



The International Society for Augmentative and Alternative Communication (ISAAC) works to improve the lives of children and adults who use AAC. ISAAC's vision is that AAC will be recognized, valued and used throughout the world. ISAAC's mission is to promote the best possible communication for people with complex communication needs.

In April 2008, ISAAC India chapter was registered formally under societies registration Act (1860) of India. ISAAC India chapter helps to create awareness, training, research and development of indigenous aids and advocacy.

### HOW TO BECOME ISAAC INDIA CHAPTER MEMBER

ITEM	PRICE
Professional	Rs. 2,500
People who use AAC and their families	Rs. 950
Student	Rs. 1,500
Institutional	Rs. 11,500
Corporate	Rs. 48,500
Retired	Rs. 1,500

For details, please contact

Sangeetha G S

[sangeetha@nish.ac.in](mailto:sangeetha@nish.ac.in) or

Dr. Vineetha

[secretaryisaacindia@gmail.com](mailto:secretaryisaacindia@gmail.com)

# ISAAC INDIA CHAPTER OFFICE BEARERS

<b>President</b>	- Ms. Bhavana Botta ( <a href="mailto:botta.bhavna@gmail.com">botta.bhavna@gmail.com</a> )
<b>Vice President</b>	- Ms. Rajul Padmanabhan ( <a href="mailto:rajulpadmanabhan@gmail.com">rajulpadmanabhan@gmail.com</a> )
<b>Secretary</b>	- Dr. Vineetha Sara Philip ( <a href="mailto:secretaryisaacindia@gmail.com">secretaryisaacindia@gmail.com</a> )
<b>Joint Secretary</b>	- Ms. Swati Chakraborty ( <a href="mailto:swati.c28@gmail.com">swati.c28@gmail.com</a> )
<b>Treasurer</b>	- Ms. Sangeetha G S ( <a href="mailto:sangeetha@nish.ac.in">sangeetha@nish.ac.in</a> )
<b>Patrons</b>	- Dr. Sudha Kaul ( <a href="mailto:sudha.kaul@gmail.com">sudha.kaul@gmail.com</a> )  - Prof. Rangasayee ( <a href="mailto:rangasayee2002@gmail.com">rangasayee2002@gmail.com</a> ).
<b>Managing committee</b>	- Mrs. Kalpana Rao ( <a href="mailto:bnrnanbav@yahoo.com">bnrnanbav@yahoo.com</a> )
<b>Members</b>	- Dr. Usha Dalvi ( <a href="mailto:ushadt@yahoo.co.in">ushadt@yahoo.co.in</a> ) - Ms. Manavi Jalan ( <a href="mailto:manavijalan@gmail.com">manavijalan@gmail.com</a> ) - Ms. Sangeetha Chakrapani ( <a href="mailto:sangeetha.chakrapani@togetherfoundationtrust.org">sangeetha.chakrapani@togetherfoundationtrust.org</a> ) - Prof. Ajish K. Abraham ( <a href="mailto:ajish68@aiishmysore.in">ajish68@aiishmysore.in</a> )

# ISAAC INDIA SUBCOMMITTEES & IN-CHARGES

## **Webinar and Training Committee**

Headed by Dr. Usha Dalvi, supported by Ms Manavi Jalan

## **Website and Social media committee**

Headed by Ms Bhavana Botta

## **Newsletter**

Headed by Prof. Rangasayee, Dr. Krupa M. and Dr. Amulya P. Rao

## **Conference Committee**

Headed by Dr. Ajish Abraham



## **Newsletter Editorial team**

Prof. Rangasayee - [rangasayee2002@gmail.com](mailto:rangasayee2002@gmail.com)

Dr. Amulya P Rao - [amulya@aiishmysore.in](mailto:amulya@aiishmysore.in)

Dr. Krupa M - [krupa86@sriramachandra.edu.in](mailto:krupa86@sriramachandra.edu.in)

Ms. Shruthi Ranganathan, Alumna, SRFASLP, Chennai

Masters of Speech Pathology at University of Technology Sydney



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