



International Society For
Augmentative And Alternative Communication

INDIA CHAPTER

**INTERNATIONAL SOCIETY FOR
AUGMENTATIVE AND ALTERNATIVE
COMMUNICATION**

ISAAC - INDIA CHAPTER

Tri-annual Newsletter

**ISSUE 1
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VISION

AAC will be
recognized, valued and
used throughout the
world

MISSION

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

Notes from ISAAC - India Chapter EC Team

AAC in ICF Perspective

Given the growing significance of the ICF and ICF-CY in assessment and promotion of participation of individuals with difficulty in communication in verbal and or written or sign language modes, the purpose of this write up is to discuss my perspective in the implementation and use of the ICF and the ICF-CY with Individuals with Complex Communication Needs (CCN), within the context of AAC in our country.

The ICF was accepted in 2001 by the WHO's 191 members. It brings together two dominant models - the medical model and the social model of disability. It is known as biopsychosocial model of disability. Unfortunately, the ICF is still not well known or widely used by the professionals and AAC community.

The comprehensive and holistic nature of the International Classification of Functioning, Disability and Health (ICF) makes it extremely useful in practice (<https://www.icf-elearning.com>). The primary purpose of applying ICF framework is to establish a common language for defining health and health-related states between providers. It can improve decision-making among healthcare and social care professionals. The ICF's holistic approach is vital for making more informed assessments, developing more effective intervention strategies, and achieving good patient outcomes and thus enhancing their Quality of Life (QoL).

As we know, communication impairment can manifest at different levels of severity and in a variety of ways for each person, and ICF frameworks may assist professionals to consider items from a range of interdependent dimensions that need to be assessed and may be the primary focus of goals for improving participation.

For example, first thought may be given to the different dimensions of the communication including factors related to Body Functions & Structures, different communicative partners, and contexts in which communication happens. Secondly, Environment Factors influencing the communication can be noted (Personal relationship, support system, availability of AAC systems and attitude etc.). Thirdly, it should be noted how the individual engages in various activities (individuals receptive and expressive language, reading, writing, interaction, alertness, visual and auditory demands, motor demands, auditory demands). And lastly, how the individual participates in these activities with family members, teachers, significant others etc. All the above description of the domains provides a holistic view of the client and promote the development of individualized use case.

The ultimate goal of AAC interventions is to increase functional communication so that individuals with CCN can participate actively in all aspects of their daily lives, realize their personal goals, reach their potential and have a high quality of life. Generally, AAC treatment priorities should go beyond traditional therapies (articulation, language development, speech and language remediation) and providing individuals with compensatory strategies, tools and technologies. Aligned with the ICF and the goals for AAC interventions, speech, language and communication functions offer valuable insights and solutions in personal, social, educational, linguistics and emotional well-being..

Therefore, desirable AAC intervention strategies may provide ways to increase an individual's standard of living allowing them to participate in daily activities, strengthen their social networks and play a considerable role in their homes, schools and communities. This clearly indicates that AAC practitioners need to move beyond traditional, site-specific service provision to services where individuals who use AAC go about their daily life routines, job and engage with people as a regular part of their daily life.

Literature indicates that to achieve good AAC outcomes AAC practitioners should empower parents and caregivers to encourage and value authentic communication with their children. We must include the parents in meaningful ways, as studies have reported that many a times the communication partner's interactions between individuals who use AAC and their partners do not encourage or provide opportunities for the AAC user to improve their pragmatic interactions. Also the AAC practitioner should aim to support parents, siblings, teachers and significant others, to communicate more effectively with the child, and to help the child communicate more effectively with them. We should encourage multimodal communication as everyone does.

Also need to acknowledge, accept and value all modes of communication. We need to focus on how individuals participate in their various roles, and help them to figure out what modes and means of communication they want to use, when and how. The fact is, that some work better in some situations or with some communication partners.

So to conclude I would say that, aligned with the goals of the ICF, it is now imperative to reprioritise our efforts towards real communication that happens (or needs to happen) around the individual them self, keeping in mind their personal and social self. This is not unique to the area of AAC. Even according to the Psychologist the primary concern of intervention is the quality of life i.e the end goal must be to create meaningful lives, wherein the individual can grow and lead a complete life. It is a vision that shows promise for each of us as stakeholders, so that we can consciously reaffirm that we made a difference. Thanks to all for observing November every year as the AAC awareness month, though we need to promote AAC on all days of the year.



Dr. Usha Dalvi
Vice President
ISAAC - International

From the Desk of ISAAC India Chapter

Dear readers - rehabilitation professionals, parents, AAC users and other stakeholders working with AAC,

Augmentative and Alternative Communication (AAC) is most effective when grounded in evidence-based practice (EBP), integrating research evidence, clinical expertise, and the lived experiences of individuals and their families. The role of the team working with AAC extends beyond introducing AAC systems to ensuring that communication support is meaningful and consistent across contexts, from children in schools and therapy centres to adults in hospitals and community settings.

A key responsibility is to engage with research and translate it into everyday practice. Evidence supports strategies such as aided language stimulation (modelling), core vocabulary approaches, and multimodal communication. Their effectiveness, however, depends on consistent use in natural environments. Clinical expertise is essential in adapting these approaches to diverse linguistic and cultural contexts, particularly in India where variability in resources and awareness exists. Despite growing evidence, misconceptions - such as 'AAC hindering speech development' continue to persist. Research clearly indicates that AAC supports and may enhance speech and language outcomes. Addressing such myths through informed discussions is critical to ensuring timely and appropriate access to AAC.

Family and caregiver involvement is another cornerstone of effective AAC implementation. Outcomes improve when communication partners are actively engaged, especially in vocabulary selection and daily use. A collaborative approach, where caregivers are supported to model AAC during everyday routines, promotes consistency and generalisation.

AAC implementation must be multidisciplinary. Communication should not be seen as the responsibility of a single professional but embedded across educational, therapeutic, medical and work settings. Importantly, AAC and visual supports should not be limited to individuals who are minimally verbal; they can enhance comprehension, participation, and interaction for a wide range of individuals.

There is a growing need for contextually relevant AAC research in India. **Rehabilitation professionals can contribute by documenting practices, sharing case studies, and disseminating findings.**

Knowledge sharing through newsletters, workshops, and professional forums helps bridge the gap between research and practice.

Readers are encouraged to share their best practices, research, resources, and information about upcoming conferences and initiatives in AAC. Collective efforts from all of us in building and sharing knowledge will strengthen AAC implementation and improve communication outcomes across settings.

Together we can continue making a positive difference!



Krupa M.

Editorial team - ISAAC India Newsletter



Tech Update

Affordable Assistive Technologies

Enability Foundation for Rehabilitation IIT Madras

ResearchPark, Chennai, India

Email: info@enability.in

Website: <https://enability.in>

Communication and access to digital devices are now central to participation in education, employment, and community life. Yet many persons with functional difficulties continue to face barriers while using conventional devices such as keyboards, touchscreens, and computer mice. Others may experience difficulty in receiving environmental sound cues or accessing written information.

Assistive technology helps bridge these gaps by adapting tools and interfaces to suit individual needs. Yet affordability remains a major concern, especially in regions where imported solutions may be costly or difficult to maintain. There is therefore a strong need for practical, reliable, and locally relevant alternatives. **Enability Foundation for Rehabilitation** develops assistive technologies through a user-centered approach that combines affordability with real-world usability. The organization focuses on solutions that support communication, literacy, education, and independent living.



Figure 1: Finger Switch and Smiley Ball Switch, BlueClick, Aditi-W



Tech Update

Contd.

BlueClick is a Bluetooth-enabled access switch that provides wireless and flexible interaction for users with motor impairments. It imitates the left-click function of a mouse and can pair with smartphones, tablets, and computers. Its modular design allows easy placement according to the user's comfort and movement range. BlueClick supports communication tools, browsing, learning applications, and general device navigation.

Aditi-W is a contactless wireless assistive input device created for users who may find pressing buttons or switches difficult. Instead of requiring touch, the device detects intentional movement near its sensor and converts that action into a click command. It offers adjustable sensing distance and provides audio and visual feedback for each successful action. Aditi-W can be mounted on wheelchairs, desks, or other accessible surfaces and is especially useful with scan-mode software, on-screen keyboards, and communication applications.

Kavi-PTS is a picture-to-speech Android application developed as a communication aid for individuals with speech and communication impairments. The application enables users to communicate through categorized images, personalized pictures, and recorded audio outputs. It supports multiple Indian languages and offers alternative access modes for users with severe motor difficulties. Kavi-PTS helps users express needs, choices, and everyday messages more independently.



Tech Update

Contd.

Kavi+ is a web-based educational platform developed to support structured and inclusive learning, by extending on the learning outcomes from Kavi-PTS. It enables teachers to create lessons, exercises, and assignments through an accessible digital interface. Because students often have diverse learning needs, Kavi+ helps educators customize content accordingly. Teachers can monitor progress while students can independently access assigned lessons.

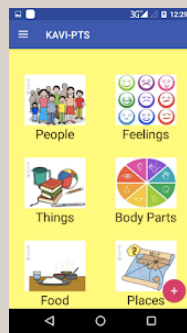


Figure 2: Kavi-PTS and Kavi+ complement each other as communication and educational tools.

Supporting Persons with Hearing and Visual Impairment

Vibe is a wearable assistive device designed to improve environmental awareness and communication access for persons with hearing impairment. Built in a smartwatch-like form factor, it is portable and convenient for everyday use. Using an embedded microphone and intelligent sound recognition, Vibe can identify important sounds such as vehicle horns, alarms, crying infants, and selected spoken cues or names. Once a recognized sound is detected, the user receives immediate alerts through vibration patterns and visual notifications. The companion mobile application allows users to customize alerts, sensitivity settings, and vibration patterns. By converting auditory information into tactile and visual alerts, Vibe enhances safety, confidence, and participation in daily environments.



Tech Update

Contd.

TakeNote is a compact Braille-based note-taking device designed for persons with visual impairment. It enables users to independently record notes using Braille input keys arranged in a familiar Braille layout. The device includes keys such as space, backspace, and enter for efficient typing. Notes are stored digitally and can be transferred wirelessly to smartphones or computers. In addition, TakeNote includes a playback mode in which the text entered using the device is displayed in real time on the connected Android application, allowing users to read the content and thereby supporting two-way communication. TakeNote supports academic learning, workplace documentation, personal writing, and accessible communication. When paired with a braille reader, such as Hexis, it also enables communication for the deaf-blind.

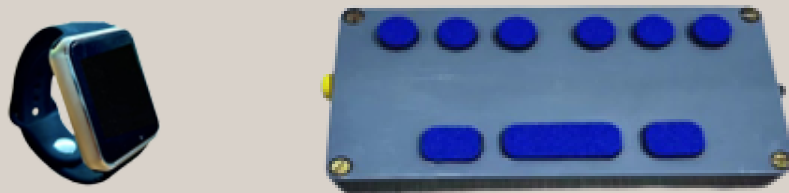


Figure3: Vibe and TakeNote work with mobile applications.

Enability Foundation addresses different aspects of accessibility using practical and affordable design principles. In addition to AAC devices, products such as Tactograph support accessible learning by enabling the creation of tactile educational materials. Rather than focusing only on the technology, we seek to emphasize meaningful outcomes such as independence, participation, communication, access to education and employability.



VOICES FROM USER

About Nazima Begum

Nazima Begum is a 7½-year-old girl from Guwahati who was diagnosed with delayed speech and language skills at the age of 3. Her journey has been one of patience, persistence, and gradual progress. As her mother shares, “My daughter understands more than she can express, and we have been trying everything to help her communicate better.”

Initial Concerns

Her mother recalls the early days with worry and confusion: “We noticed that Nazima was not speaking like other children of her age. She had very few words and mostly used gestures or crying to tell us what she wanted.” Simple daily needs became challenging, and as parents, they often felt helpless trying to understand her.

Steps Taken After Diagnosis

After the diagnosis at 3 years, the family immediately started therapy in Guwahati. “We saw that her understanding improved slowly. She could follow some instructions, but her speaking was still limited to one word,” her mother explains. They also completed all medical tests, including IQ assessment, CT scan, and MRI. “All reports were normal. We felt relieved but also confused about why she was still not speaking properly.”

Challenges During Early Therapy

Despite taking therapy for almost four years, expressive communication remained a major challenge. Her mother shares honestly, “We were doing therapy regularly, but still something was missing. She could not express herself, and that was very difficult for her and for us.” There were moments of frustration for both the child and the family.

VOICES FROM USER

Turning Point in Therapy

A significant change came when Nazima turned 7, and they connected with an online speech therapist. “That was the turning point for us,” her mother says. “He introduced a communication book, and honestly, we had never seen or used something like this before.”



Role of the Communication Book

The communication book was structured gradually and thoughtfully. “It started with one picture on a page, then two, then four, and slowly up to 15 pictures,” her mother explains. This design helped Nazima learn step by step without feeling overwhelmed. Within the first month, there was visible progress. “She started pointing to ‘give’, ‘eat’, ‘drink’, ‘yes’, and ‘no’. That moment was very emotional for us—we felt like she finally found a way to tell us something.”

Progress Over Time

With consistency, they began expanding her communication. “We slowly introduced combinations like ‘want water’, ‘want eat’, ‘want go’,” her mother shares. Initially, they worked with just two pages for almost four months. “We did not hurry. We wanted her to be comfortable first.” Gradually, more pages were added, including daily schedules for home, school, and therapy. “Now, if we help her, she can point and also try to say the words.”



VOICES FROM USER

Current Status

Today, Nazima can use the communication book meaningfully. “She still needs help to find the correct page, but she can communicate much better than before,” her mother explains. Her confidence has improved, and she is more engaged in daily interactions.

Impact on Daily Life

The change has been significant for the entire family. “Earlier, she used to get frustrated because she could not express. Now, she has a way, so she is calmer and happier,” her mother says. Daily routines have become smoother, and even teachers and therapists can understand her needs better.

Reflection and Gratitude

Looking back, her mother expresses a deep realisation: “We took therapy for almost 4 years, but no one told us that pictures can be used like this for communication.” She adds with gratitude, “This method gave my child a voice. I am truly thankful to the therapist who introduced this to us.”

Message to Other Parents

Ending with a heartfelt message, her mother says, “Don’t lose hope. Sometimes the right method changes everything. Go step by step, be patient, and trust the process. Every child can learn in their own way.”





UPCOMING CONFERENCE



**INTERNATIONAL CONFERENCE ON
BUILDING BRIDGES FOR INCLUSIVITY**

Organised by
**National Institute for the Empowerment of Persons with
Intellectual Disabilities, Secunderabad (TS)**

&



KIIT International School
under the management of Kalinga Institute of
Industrial Technology, Bhubaneswar, Odisha



In collaboration with
University of Sussex, England, UK

**HYBRID
MODE**

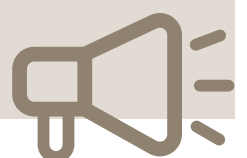


MAY 2nd - 3rd 2026



**Campus 6, KIIT University
Patia, Bhubaneswar, Odisha**

For registration and more details visit www.niepid.nic.in

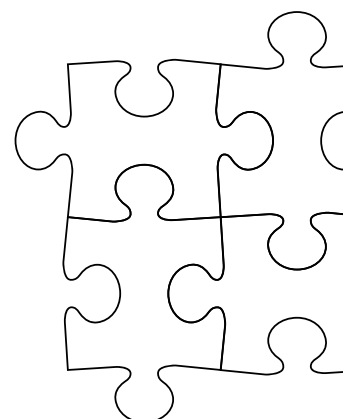


PUZZLE TIME

Instructions: There are 10 words related to Aided AAC. Search those words



O	F	V	Y	E	T	C	A	S	J	H	D	X	D	H
I	P	R	P	A	K	D	Y	E	I	O	C	G	H	E
G	B	R	I	A	L	M	X	R	I	G	S	T	K	H
E	T	T	L	N	B	P	A	T	Z	N	E	V	Q	E
B	C	N	K	O	G	C	S	X	C	I	B	V	E	A
Z	L	I	L	B	C	E	Q	I	K	N	E	O	M	I
N	M	S	V	E	E	H	H	E	D	N	D	P	S	D
I	T	P	S	E	C	I	O	V	H	A	K	C	U	E
S	G	S	T	U	D	F	K	K	C	C	G	Q	X	D
P	X	B	O	A	R	D	E	T	L	S	H	P	M	W
G	Y	T	N	T	A	E	Q	E	C	O	R	E	O	S
M	G	I	T	M	Y	W	A	L	Z	S	O	O	D	E
S	E	R	U	T	C	I	P	B	V	Z	G	V	E	A
R	D	W	O	M	P	O	Y	A	I	Y	V	L	L	N
Z	W	J	O	I	P	F	T	T	P	A	S	J	A	F



NOTE

We would love to hear about the activities and initiatives you are conducting to raise awareness about AAC, research work in the field of AAC, upcoming conferences and any indigenous technology updates! Please share the information to secretaryisaacindia@gmail.com

DEADLINE: 20th July 2026

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 the 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

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