

**QUESTIONNAIRE**

**Instructions:**

Kindly complete this confidential questionnaire. Kindly place your tick next to the most appropriate option. *Thank You.*

- 1. Respondent Number: \_\_\_\_\_
- 2. School: \_\_\_\_\_
- 3. Group: \_\_\_\_\_
- 4. Video Number: \_\_\_\_\_
- 5. Gender: \_\_\_\_\_

6. What is your highest educational qualification (Please tick where appropriate)

- Standard nine or lower
- A matric certificate
- Teaching diploma
- Teaching degree
- Other (please specify)  \_\_\_\_\_

7. How long have you been working with disabled children? (Please tick where appropriate)

- Less than one year
- 1 - 3 years
- 4 - 5 years
- More than 6 years

8. Have you had additional training in working with disability? (Please tick where appropriate)

- No
- Yes
- If Yes, please specify \_\_\_\_\_

9. How old are you? (Please tick where appropriate)

- Less than 20 years old
- Between the ages of 20 - 30
- Between the ages of 30 - 40
- Above 50

10. How many children, with little or no speech (less than 15 understandable words), have you worked with? (Please tick where appropriate)

- Less than 5
- Between 6 - 20
- Between 21 - 40
- More than 41

**Official Use**

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**Section B: Teachers' Expectations of the Child**

No.	Statement	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
1.	This child wants to learn.					
2.	This child is a quick learner.					
3.	This child will need extra help to learn.					
4.	This child will eventually learn to read.					
5.	This child will eventually need a disability grant.					
6.	This child will be able to go to a normal school					
7.	This child will find a job oneday.					

 22 23 24 25 26 27 28

**Section C: Teachers' Perceptions on Classroom Interactions**

**Official Use**

No.	Statement	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
1.	This child would disturb others in class.					
2.	This child would be able to answer questions in class.					
3.	This child would be able to participate in class.					
4.	This child would be able to ask questions in class.					
5.	This child would be lonely in class.					
6.	This child would be isolated from participating in class.					
7.	This child would be able to tell a story.					

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Official Use

**Section D: Teachers' Perceptions on the Device.**

No.	Statement	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
1.	The way this child "talks" will prevent her from progressing at school.					
2.	The way this child "talks" can be used with other children in my class.					
3.	The way this child "talks" helps other to communicate with her.					
4.	The way this child "talks" is helping her progress at school.					
5.	The way this child "talks" is preventing her from speaking.					
6.	The way this child "talks" can only be used with trained teachers.					
7.	This child takes too long to talk.					
8.	The way this child "talks" is easy to understand.					

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**Official Use**

**Section E: Teachers' Perceptions on Communication Interactions.**

No.	Statement	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
1.	This child is able to ask for things that he needs.					
2.	This child can start a conversation.					
3.	This child will have difficulties in developing personal relationships.					
4.	This child is impolite.					
5.	This child has difficulties in sharing information with others					
6.	This child is well mannered.					

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## APPENDIX C


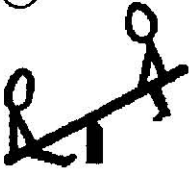

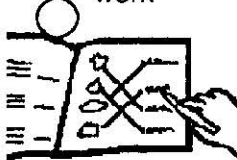
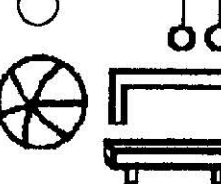
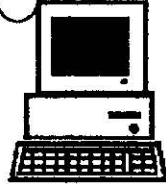
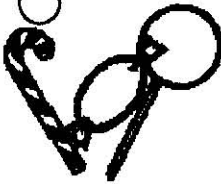
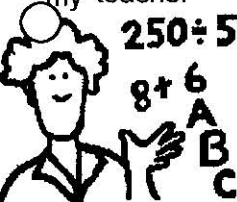

### Changes made after the Pilot Study

<b>Questions included in the Pilot Study</b>	<b>Questions included in Main Survey</b>
<b>Questionnaire</b> Question 8 How many children with 15 intelligible (clear words), have you worked with?	<b>Questionnaire</b> Question 10 How many children with little or no speech (less than 15 understandable words), have you worked with?
	<b>Questionnaire</b> Added the following Questions <ul style="list-style-type: none"> <li>• Question 3 Group:</li> <li>• Question 4 Video Number:</li> <li>• Column for official use</li> </ul>
<b>TAS</b>	<b>TAS</b> Added the following: <ul style="list-style-type: none"> <li>• Respondent Number</li> <li>• Video Number</li> <li>• Column for official use</li> <li>• Example I enjoy teaching Teaching is Tiring</li> </ul>
<b>TAS</b> <b>Section A</b> Statement 3 I would be able to cope independently with this child in my class.	<b>TAS</b> <b>Section A</b> Statement 3 I would be able to cope with this child in my class, without help.

### Appendix C (continued)

<b>Questions included in the Pilot Study</b>	<b>Questions included in Main Survey</b>
<b>TAS</b> <b>Section B</b> Statement 1 This child is motivated to learn. Statement 6 This child will be able to go to a regular school	<b>TAS</b> <b>Section B</b> Statement 1 This child wants to learn. Statement 6 This child will be able to go to a normal school
<b>TAS</b> <b>Section C</b> Statement 1 This child would distract others in class	<b>TAS</b> <b>Section C</b> Statement 1 This child would disturb others in class
<b>TAS</b> <b>Section D</b> Statement 7 This child's way of "talking" is time consuming.	<b>TAS</b> <b>Section D</b> Statement 7 This child takes too long to "talk".
<b>TAS</b> <b>Section E</b> Statement 2 This child can initiate conversation.	<b>TAS</b> <b>Section E</b> Statement 2 This child can start a conversation.



I like 	is easy $\begin{array}{r} 1 \\ + 1 \\ \hline \end{array}$	I play with my friends 	reading 	maths $\begin{array}{r} 2 \\ + 3 \\ \hline 5 \end{array} \quad \begin{array}{r} 3 \\ - 1 \\ \hline 2 \end{array}$	I do exercises 	my mother 	to play 
don't like that 	is hard $\begin{array}{r} 259 \\ \times 917 \\ \hline \end{array}$	I enjoy books 	occupational therapist 	swimming class 	juice 	my father 	games 
it's fun 	I do 	work 	physical therapist 	computer 	the tuckshop 	my teacher $\begin{array}{r} 250 \div 5 \\ 8 + 6 \\ A B C \end{array}$ 	I swam in gala 
headpointer 	when 	spelling 	speech therapist 	my printer 	sandwiches 	school bus 	the easter holiday 



## APPENDIX E

School Address

Date

Dear Principal

**Re: Assistance with video making.**

I am a Masters student at the University Of Pretoria, Centre for Alternative and Augmentative Communication (AAC). I am currently conducting research on Teachers attitudes towards non speaking children using various AAC devices viz. Communication Board and an Alpha Talker (reference enclosed).

I am requesting your permission to, approach two children at the school to participate in a video that will be utilised for the study. The parents will be provided with letters aimed at obtaining their consent for their child's participation in the video (enclosed).

In addition, permission is requested to make the video at the school utilising Ms M. Lilienfeld in the video. Ms M. Lilienfeld has been consulted and has agreed to participate in the video, during school break.

Kindly complete the attached consent form.

I trust my request will be considered favourably.

Thanking you in anticipation.

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Ms S. Dada  
Speech Therapist

Cell: 0829355207  
Fax: (031) 2074333  
e-mail : sdada@mweb.co.za

**Consent Form.**

I \_\_\_\_\_ hereby:

*(please tick where appropriate)*

Provide consent

Do not provide consent

to Ms S. Dada to approach the parents of two children at the school to participate in the video making process. In addition, she may make the video recordings at school with Ms M. Lilienfeld.

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Signature of Principal

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Date

## APPENDIX F

Date

Dear Parents

**Re: Participation of your child in a video that will be utilised for research purposes.**

I am a Masters student at the University of Pretoria, Centre for Alternative Augmentative Communication (AAC). I am currently conducting research on teacher's attitudes to non-speaking children using various AAC devices viz. Communication Board and an Alpha Talker.

I am requesting permission to make a video of your child utilising a Communication board and an Alpha Talker . The video will contain interactions between your child and Ms. Margi Liliensfeld, which will be recorded at school. The recording will be 15 minutes and later edited to be 5 – 10 minutes in duration. The edited version will then be shown to teachers at 4 schools in the Northern Province. Thereafter the teachers will be required to complete a questionnaire (enclosed), based on the video.

Kindly complete the attached consent form.

I hope my request will be considered favourably. Please do not hesitate to contact me for further information.

Thanking you in anticipation.

Ms S. Dada  
Speech Therapist

**cell:** 0829355207  
**fax:** (031) 2074333

### Consent Form

I, \_\_\_\_\_ (*parents name*)

give permission

do not give permission

for Ms S. Dada to make video recordings of \_\_\_\_\_ (*Childs name*)

Consent was also obtained from \_\_\_\_\_ (*Child=s name*) to participate in the video. Furthermore, permission for the video to be viewed by teachers, for the purpose of this study, is granted.

Signature

Date

#### **Additional Information.**

If you have given your consent to your child participating in the video, please complete the following :

Contact telephone number(s) :

Fax number :

I will contact you to make arrangements for a suitable date, time and place for you to view the completed video.

**Thank you for agreeing to participate in this study.**

## APPENDIX G

School Address

Date

Dear Principal

**Re: Permission to conduct study.**

I am a Masters student at the University of Pretoria, Centre for Alternative Augmentative communication (AAC). I am currently conducting research on teacher's attitudes towards various AAC devices.

The study involves teachers watching 2 videos of approximately 5 minutes each and completing a survey after viewing each video. The entire process should take 90 minutes.

In order to complete the study, all I require is:

- X assistance with the distribution and collection of teachers consent forms ( provided),
- X a suitable venue where teachers can view the videos. The venue should have an electrical outlet in order for a television and video recording machine to be connected and
- X a list of all the teachers at the school

I will contact you at a later date to arrange a suitable date for the study, pending your consent.

I hope my request will be considered favourably. Please do not hesitate to contact me for further information.

Kindly complete the attached Consent Form and place in the pre stamped, self - addressed envelope and post. The teachers consent forms should also be placed in this envelope.

Thanking you in anticipation.

Ms S. Dada  
Speech therapist

**Cell:** 0829355207  
**Fax:** (031) 2074333

Email: sdada@mweb.co.za

**Consent Form.**

I \_\_\_\_\_ ( principals name)

*( please place tick in appropriate box)*

Give permission

Do not give permission

for Ms S. Dada to conduct her study at Grace and Hope School.

Signature

\_\_\_\_\_

Date

**NOTE:**

Please remember to include the completed Teacher's Consent Forms.

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## APPENDIX H

Date

Dear Teacher

**Re: Participation in a research study.**

I am a Masters student at the University Pretoria, Centre for Alternative Augmentative Communication (AAC). I am currently conducting research on teacher's attitudes towards children using various communication aids.

The research requires teachers to watch two 5minute videos, of children communicating using different communication aids. Thereafter, the teacher will be required to complete an attitudinal scale based on the video.

The school principal has provided consent for the study to be conducted at the school. I am hereby requesting your consent to participate in the study. The date for the study will probably be in May 1999, however an exact date will be confirmed at a later stage.

I trust my request will be considered favourably.

Kindly complete the attached consent form and return to your principal by the **30/3/1999**.

Thanking you in anticipation.

Ms S. Dada  
Speech Therapist

**Teachers Consent Form.**

I \_\_\_\_\_ (Teachers name)

from \_\_\_\_\_ (Schools name)

*(please place tick in appropriate box)*

give consent

do not give consent

to participate in the study.

Signature

\_\_\_\_\_

Date