ASHA
American
Speech-Language-Hearing
Association

April 8, 2026

The Honorable Theresa Wood
Chair, House Committee on Human Services
115 State Street
Montpelier, VT 05633-5301

RE: ASHA's Position on Rapid Prompting Method

Dear Representative Wood and Members of the House Human Services Committee:

On behalf of the American Speech-Language-Hearing Association (ASHA), I write to comment on House Joint Resolution 9 by clarifying ASHA's position on Rapid Prompting Method (RPM) and providing guidance grounded in scientific evidence, ethical practice, and the protection of individuals with communication disabilities.

ASHA is the national professional, scientific, and credentialing association for 247,000 members, certificate holders, and affiliates who are audiologists; speech-language pathologists (SLPs); speech, language, and hearing scientists; audiology assistants and SLPAs; and students. Over 500 ASHA members reside in Vermont.[1]

ASHA's Position on Rapid Prompting Method

ASHA does not recommend the use of RPM due to a lack of scientific validity and concerns regarding prompt dependency and authorship. Information obtained through RPM should not be assumed to reflect the authentic communication of a person with a disability, as another individual remains actively involved in shaping their response in real time.

The central concern is not the use of spelling, letterboards, or motor supports. ASHA is not opposed to spelling or letterboards and strongly supports augmentative and alternative communication (AAC) and literacy instruction. The critical issue is authorship—who is generating the message.

When another person controls or significantly influences the communication process, we cannot be confident that the words produced are truly those of the individual. This uncertainty carries serious risks, including misattributed messages that can impact education, health care decisions, family relationships, consent, and legal determinations.

What ASHA Does Support

ASHA strongly supports communication approaches that:

- Aim to build independent, self-directed communication;
- Use supports that increase access without determining content;
- Include robust AAC, literacy instruction, partner modeling, systematic teaching, and prompt fading;
- Focus on functional, spontaneous communication across real-life settings; and

- Support multimodal communication, including gestures, manual signs, picture communication systems, speech-generating devices, keyboards, and letterboards when the message is clearly authored by the communicator.

AAC encompasses all the ways an individual may communicate without relying on spoken language, including no-tech, low-tech, and high-tech options. Partners play an important role in supporting access and participation, but best practice requires transparency and prioritizes approaches that fade support and protect autonomy.

Why ASHA Draws a Clear Line

ASHA-certified professionals are ethically required to use evidence-based practices supported by the best available scientific evidence. Approaches such as RPM and other facilitator-dependent methods are considered pseudoscientific because they do not meet these standards and raise unresolved authorship concerns.

Communication is a human right, including the right to express messages that are truly one's own. Presuming potential means expanding access and teaching skills—while protecting independence, autonomy, and authorship.

The difference between evidence-based approaches and facilitator-dependent methods is a major clinical and ethical distinction. Evidence-based intervention teaches communication that becomes more independent over time and generalizes beyond a scripted or highly supported interaction. Facilitator-dependent methods do not.

Family-Centered Perspective

ASHA deeply respects and empathizes with families who want the best for their children. This position is not about blame or questioning families' hopes. Rather, it is about ensuring families receive clear, accurate, science-based information so they can make informed decisions.

We want more communication—not less—but we also need communication supports that protect the individual's autonomy and authenticity. We also recognize, as autistic advocates have long emphasized, that limiting an individual to a single communication option restricts choice. Therefore, ASHA promotes a multimodal approach that allows individuals to select what works best for them across environments.

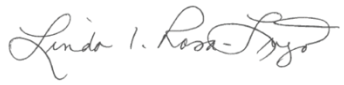
Conclusion

ASHA advocates for the rights of individuals across this nation—including students with apraxia of speech or autism—to be understood and to express their wants, needs, ideas, and identities through communication methods that are ethical, evidence-based, and truly their own. For these reasons, ASHA does not recommend RPM or similar facilitator-dependent approaches and encourages policies that prioritize proven, independent communication supports.

Thank you for the opportunity to provide this information. ASHA remains available as a resource to support informed policymaking that protects individuals with communication disabilities and the families who support them.

If you or your staff have any questions, please contact ASHA's state affairs team at states@asha.org.

Sincerely,



Linda I. Rosa-Lugo, EdD, CCC-SLP
2026 ASHA President

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[1] American Speech-Language-Hearing Association. (2025). *Vermont* [Quick Facts]. https://www.asha.org/siteassets/advocacy/state-flyers/vermont-state-flyer.pdf