**Sample Information**

N = 110; Age range: 3-12 years

* Attend SL therapy = 69; No attending SL therapy = 41

N = 119; Age range: 3-18 years

* Attend SL therapy =73; No attending SL therapy = 46

**Demographic information**

2. Your Age (in years)

3. Your Gender

4. Please select the best option from below

* Mother
* Father
* Others

5. How old is the child with ASD (in years)?

6. What is the gender of your child who has ASD?

7. Does your child with ASD have siblings? If so, how many siblings does your child have? - Selected Choice

* If so, how many siblings does your child have?

8. Please provide the most suitable answer

9. How many family members live in your household (including you and your child)?

10. Which state do you live in currently?

11. How long have you been living in your current state of residency?

* Less than a year (state the number of months)
* More than a year (state the number of years)

12. What is your current marital status?

13. Do you receive financial support from your partner for childrearing?

14. Please rate your agreement with the statements: I currently have social support for child-rearing purposes (e.g. support from extended family; friends; parents support groups)"

15. Please select your current employment

* Full Time (40 hours/week or 8 hours/day)
* Part time
* Housewife/Homemaker
* Unemployed
* Others (please specify)

16. Please select your partners' current employment status

* Full Time (40 hours/week or 8 hours/day)
* Part time
* Housewife/Homemaker
* Unemployed
* Others

17. Please select your highest completed educational

* Graduate or postgraduate or equivalent (e.g. master’s and Ph.D. degrees)
* Undergraduate or equivalent (e.g. bachelor’s degrees)
* Intermediate or post high school diploma or equivalent (11 and 12th grade/standard)
* High school certificate or equivalent (9 – 10th grade/standard)
* Middle school certificate or equivalent (6 – 8th grade/standard)
* Primary school certificate or equivalent (1 – 5th grade/standard)
* No Schooling

18. Please select your partner's highest completed educational

* Graduate or postgraduate or equivalent (e.g. master’s and Ph.D. degrees)
* Undergraduate or equivalent (e.g. bachelor’s degrees)
* Intermediate or post high school diploma or equivalent (11 and 12th grade/standard)
* High school certificate or equivalent (9 – 10th grade/standard)
* Middle school certificate or equivalent (6 – 8th grade/standard)
* Primary school certificate or equivalent (1 – 5th grade/standard)
* No Schooling

19. Please select your monthly household income

* ≥ 50,000 Rs
* 25,001 - 50,000 Rs
* 20,001 - 25,000 Rs
* 12,001 - 20,000 Rs
* 8,001 - 12,000 Rs
* 2,5001 - 8,000 Rs
* ≤2,500 Rs

20. What is your primary language (name the language)?

21. What other languages do you speak (name all the language)?

22. What other languages do you understand (name all the language)?

23. What language(s) does your child speaks (name all the language)?

24. What language(s) does your child understand (name all the language)?

25. At what age (in years) was your child diagnosed with ASD?

**About SLP services**

26. Please rate how worried or stressed you are about the following behaviors in your child (please slide the bar to indicate your stress levels for each statement below)

* Not being able to communicate his/her needs and wants
* Temper tantrums in public (e.g. hitting, screaming, whining)
* Not being able to make friends or effectively interact with people other than close families
* Repetitive behaviors – ritualistic, restrictive, and compulsive behaviors (e.g. hand flapping, body spinning, spinning wheels, etc.)
* Self-injurious behaviors (e.g. bitting, hurting, head-bagging, hitting self etc.)

27. What best describes your child’s speaking abilities?

* Speaks very few words on his/her own (less than 30 words)
* Speaks using single words to communicate (e.g. when requesting a ball, says “ball”)
* Most often speaks in phrases (for example, “amma ball” or “give biscuit”)
* Speaking is age appropriate

28. What are all the ways your child communications? (choose all that apply) - Selected Choice

* Non-verbal/Gesture/Vocalization/Echolalia
* Speech/Verbal communication
* Picture communication/Picture Exchange Communication System
* Speech Generative Device (e.g. AVAZ)
* Sign language (e.g. Indian Sign Language)
* Others

29. What services does your child currently receive? (select all that apply; add other services as needed)

* Speech/language therapy
* Occupational therapy
* Physio/physical therapy
* Special Education
* Behavioral Supports
* Others

|  |  |  |
| --- | --- | --- |
| 30.  Please select the best option from below (current situation) | My child attends Speech Therapy **(n = 69 or 73)** | My Child does not Attend Speech Therapy **(n = 46 or 41)** |
| Frequency | 31. How many days per week does he/she receive speech/language therapy? | 44. How many days per week did your child receive speech/language therapy before the COVID-19 lockdown? |
| 32. How many sessions does your child receive speech/language therapy?   * Monthly * Yearly * Others | 45. How many sessions did your child receive speech/language therapy before the COVID-19 lockdown?   * Monthly * Yearly * Others |
| 33. How long is an average speech/language therapy session? |  |
| Quality | 35. I am aware and agree with the speech/language therapy goals set for my child | 48. Good quality speech/language therapy services are not available within travelling distance of our home |
| 36. I am satisfied with the quality of speech/language therapy services that my child is receiving | 49. Speech/language therapy sessions were not helping my child’s communication development, so we discontinued |
| 38. As parents, we are allowed to observe each of the speech/language therapy sessions | 51. I am worried/stressed that there are no good speech/language therapy services available for addressing my child’s need |
| 39. As parents, we receive home based activities that promotes speech/language development in my child |  |
| Q41. Please share all the language(s) used during speech/language therapy sessions? |  |
| Access | 37. We (my family) can afford to provide my child with quality and frequent (at least 2-3 times/week) speech/language therapy sessions | 47. Speech/language therapy services are not affordable (Please rate your agreement with the statement) |
| 40. As parents, we are able to afford speech/language therapy materials (e.g. puzzles, picture cards, animal figures, sorting, building blocks) for addressing speech/language goals at home | 52. Since my child is older than most children attending speech/language therapy no speech therapist is available |
| Context for not receiving Speech Therapy |  | 43. Before the COVID-19 lockdowns, my child received frequent speech/language therapy sessions to meet his/her needs |
|  | 46. My child does not require speech/language therapy, as my child has age appropriate communication skills |
|  | 50. I am worried/stressed about my child’s ability to communicate his/her needs |

**Open Ended Questions**

78. What are your dreams for your child’s future?

79. What are your worries for your child’s future?

82. Additional Comments?