

Newsletter of the Asian Indian Caucus

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President's Message



Dear colleagues,

I take this opportunity to outline the various activities of the Asian Indian Caucus (AIC) over the past year. First, our website has undergone a makeover with a fresh look and added content. I would like to thank Jayanthi Sasisekaran for maintaining the website as well as for her enthusiasm and promptness in updating it with new information. We envision the website as a resource for our members and related professionals and welcome suggestions of additional resources/links that you would like to see on the website. Secondly, we contributed an article about AIC in the Fall 2007 issue of *Special Interest Division 10 Perspectives* (Issues in Higher Education), and are currently discussing the logistics of an entire special issue on Asian Indians to appear in *Special Interest Division 14 Perspectives* (Communication Disorders and Sciences in Culturally and Linguistically Diverse Populations). Please contact us with suggestions or if you would like to contribute to the special issue. Third, we formulated and adopted bylaws for the organization. In addition, as in previous years, we will be participating in the multicultural constituency group's collective booth at the Chicago ASHA convention's exhibit hall.

Obviously, activities such as maintaining the website and participating in the ASHA convention booth cost the AIC and we rely solely on member contributions to sustain our operating budget. So I strongly urge you to enroll as members or renew your membership. You can also help by identifying and contacting potential corporate donors. A future use of AIC's funds is to promote projects and activities that directly relate to its mission, such as increasing the body of knowledge pertaining to Asian Indian individuals. An organization is only as strong as the commitment of its membership. AIC is *your* organization and only *you* can make the changes you would like to see for Asian Indians in our profession.

For a moment, let us put the role of AIC into perspective with the demographics of the United States (US). Asian Indians are the *second largest* growing ethnic minority in the US (second only to Hispanics) with a growth rate of 110% in the last ten years¹. It is estimated that the number of Asian Indians in the US exceeds 2.5 million, which translates to about half million Asian Indians with communication disorders².

¹Camarota, S. (2005). Immigrants at mid-decade: a snap-shot of America's foreign born population in 2005. *Backgrounder*, Center for immigration studies, Washington D.C. Retrieved on August 15, 2007 from <http://www.cis.org/articles/2005/back1405.html>.

²These are projected estimates that were calculated using data available for the mainstream US population (<http://www.census.gov/popest/national/asrh/NC-EST2006/NC-EST2006-01.xls>) and the NIDCD (<http://www.nidcd.nih.gov/health/statistics/vsl.asp>).

These numbers are only likely to increase. From a healthcare perspective, Asian Indians in the US have among the highest incidence of coronary artery disease and stroke among all ethnic groups (3-4 times the national average)³ and the National Institutes of Health (NIH) Healthy People 2010 program has identified Asian Indian immigrants as a high risk group for heart disease⁴. As the first wave of Asian Indian immigrants begins to age and face end-of-life issues, we are faced with the prospect of a higher than average incidence of communication disorders of neurogenic origin coupled with a lower than average awareness about conditions such as dementia among Asian Indians⁵. What are we doing to prepare our profession for these trends? From a linguistic perspective, we are only too familiar with English language differences in the school age population and in the workforce. The fact that *Indian English* is a recognized dialect of English (just as British Received Pronunciation or African American English)⁶ comes as no solace, for example, to the graduate student whose completion of clinical curriculum is jeopardized due to a perceived accent. What are we doing to promote advocacy? The number of issues Asian Indian professionals and clients are faced with is only growing, while the resources that currently exist are appallingly inadequate. For instance, ASHA's webpage on multicultural resources for Asians does not list a single publication that pertains to Asian Indians⁷. Are you ready to champion the mission of your AIC? I urge you to not lose sight of the vast contributions that you can make as an ethnic and professional group. I look forward to increased involvement and participation in its governance from you.

With the upcoming ASHA convention in Chicago just a few weeks away, I take this opportunity to remind us of AIC's role in relation to ASHA. ASHA, through its Multicultural Issues Board (MIB) and Office of Multicultural Affairs (OMA), is highly motivated to prepare itself for the increasing need to serve a diverse population and promote a diverse membership. Please be reminded that you have a representation at the Multicultural Issues Board⁸. It is imperative for you to ascertain fair representation of Asian Indian issues at the MIB. We have provided some information on being involved at the national level on page 7 of this newsletter. Being a member of the AIC enables us to nominate you for any openings in the caucus and/or any of the ASHA sub-committees.

If you are going to be at the ASHA Convention in Chicago this November, please attend the annual meeting (see page 8) to enroll/renew your membership, share ideas, participate in activities, meet old friends, and make new ones. I would like to thank Dr. Sadanand Singh of Plural Publishing Inc. for generously contributing two valuable books for a raffle for the AIC meeting. I encourage you to drop by at the Multicultural Constituency Groups booth at the Exhibit hall and attend the Multicultural Concerns Collective gathering (see page 9). Your AIC needs your vision, enthusiasm, and energy to fulfill its mission.

Finally, I would like to thank Deepa Aier for putting together this issue of the newsletter in a relatively short time and all the writers for their valuable contributions to the newsletter.

Best wishes,
Yasmeen Faroqi-Shah

³Kotha, P. (2004). *Asian Indians and Heart Disease* [Brochure]. American Association of Physicians of Indian Origin. Retrieved on August 12, 2007, from http://www.heartsmart.info/aapi_cad_brochure.pdf.

⁴ Healthy People 2010 (2000, November). Objectives for Improving Health (Part A: Focus areas 1-14). *Healthy People 2010, Volume 1* (2nd ed.). Retrieved on August 12, 2007, from <http://www.healthypeople.gov/Document/tableofcontents.htm#parta>.

⁵ Purandare, N., Luthra, V., Swarbrick, C. & Burns, A. (2006). Knowledge of Dementia among South Asian older people in Manchester, UK. *International Journal of Geriatric Psychiatry*, 22, 777-781.

⁶ Crystal, D. (1995). *Cambridge Encyclopedia of the English Language*. Cambridge University Press.

⁷ <http://www.asha.org/about/leadership-projects/multicultural/readings/asian.htm>

⁸ See <http://www.asha.org/about/leadership-projects/committees/vpamib.htm> for the current constitution <http://www.asha.org/about/leadership-projects/multicultural/readings/asian.htm>

Cross-linguistic Comparison of Negative Evidence in English, Hindi and Tamil

Deepa J. Aier, Ph.D., CCC-SLP
George Mason University

A variety of intrinsic and extrinsic factors influence learning and use of language by children for effective communication. The present research examined one such aspect of influence, namely negative evidence, embedded within a broader framework of child directed speech. Negative evidence (NE) can be defined as explicit corrections or corrective feedback, recasts, expansion and clarifications that serve as rich sources of grammatical information for children to utilize as they learn language. For example,

- Child (C): This is a green ball, Mother (M): That's not a green ball. It's red.
- M: what is that?, C: yellow; M: ya that's yellow

A review of literature indicated that NE has mainly been studied in the English language. To ascertain usefulness of NE in language development, its availability for all types of errors and for all children also needs to be established (e.g., Moerk, 1991). The present study is a cross-linguistic examination of NE in three languages: English, Hindi and Tamil. These three languages were chosen since they represent three different language families (Indo-European, Indo-Aryan and Dravidian language families respectively) and, in particular, Tamil and Hindi were chosen since they represent two of the oldest and most widely spoken languages in the South Asian subcontinent. This cross-linguistic comparison created an opportunity to systematically examine influence of language and culture on negative evidence.

Three groups served as participants in this investigation (a) Asian Indian families speaking Hindi, (b) Asian Indian families speaking Tamil, and (c) English-speaking families. Both groups of Asian Indian families lived in India and the English-speaking families lived in the United States. Data collection with participants residing in their native country enabled observations of these families in their natural environment. Thirty-six mother child dyads were recruited for the study. They included four children (2 girls and 2 boys) in each of the following age groups: 2.5 - 3yrs, 3 - 3.5 yrs, and 3.5 - 4yrs. Children of this age group were chosen since research has indicated that children begin learning grammatical structure and rules of their language during this time and parents are most likely to provide feedback to errors made by children in these age groups (e.g., Strapp & Federico, 2000). The three language groups were matched on demographic factors including socio-economic status (SES) and maternal education. Two home visits were conducted and 45-minute mother child play interactions were videotaped on each visit. Dyads were provided with a standard set of age appropriate toys that included a kitchen set, vehicles, farm, baby doll, puzzles and books. Mothers also completed the Individualism and Collectivism scale (INDICOL; Triandis, 1993), which was collected at the end of the second visit.

A total of 83,791 utterances were transcribed orthographically in all three language groups from 90-minute videotapes for each dyad. All child utterances (with and without errors) and mother utterances were transcribed and analyzed using the Systematic Analysis of Language Transcript (SALT) software (Miller & Chapman, 2002). Child error utterance that received feedback were further coded. Inter-rater reliability for transcription and coding was above 80% in all three language groups.

Results indicated that negative evidence (defined as maternal feedback) was found in English, Hindi and Tamil with similarities and differences between the three groups. Hindi and Tamil groups had more errors that received maternal feedback than the English group. Children in all

three groups received feedback for all types of errors and in particular lexical errors received most maternal feedback. Interestingly, children learning Tamil received almost no feedback for morphological errors. This could be attributed to differences in the morphological structure and the subsequent age of morphological development in children speaking Tamil (e.g., Devaki, 1991). In terms of maternal feedback, mothers in all three groups provided recasts, hints and corrections following children's language errors. Mothers in the Hindi and Tamil groups provided more corrections (e.g., C: yellow, M: no that's not a yellow, it's green) as compared to mothers in the English group. Children utilized maternal feedback mainly by repeating mother's utterances and children learning Hindi and Tamil repeated more than children learning English. The results of this study also provide an insight into the role of structural complexities of the language being learned and influence of the cultural value framework within which language learning takes place.

References

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About the Author



Deepa Aier is an adjunct faculty at George Mason University. In addition, she is a Language and Literacy Consultant for the Reach out and Read program at Southwest Human Development. Her main areas of research and teaching include early intervention for children with multiple disabilities, child language and literacy and cross-cultural

Reading Errors of Third Graders Learning English versus Kannada

By Aparna Lingaraj, MS, CCC-SLP
University of Maryland

As a child, my spelling was atrocious and many hours were spent learning the difference between their and there, figuring out if it was friend or friend and was desert sweeter than a dessert? Of course, I also was under the impression that *I* was irregular, never considering that *English*, may be irregular instead! It appears that the European Union has a plan to adopt English as the official language, but with a few conditions, like dropping the letter /c/ and fixing many of the other irregularities over a period of five years creating a new and improved EuroEnglish. Sounds *grate* to me! Having also been exposed to Kannada, a language with a regular orthography, as a child, the contrast between English and Kannada spelling was striking. In the age of email, instant messaging and text messaging, the ability to read is of critical importance now more than ever for social and professional networking. A number of studies have examined the process of reading acquisition in English, but there are relatively fewer studies comparing the process across languages. The purpose of this study was to investigate the difference in the number and types of errors made by children learning to read a phonetically regular script (Kannada) and children learning to read a phonetically irregular script (English).

There has been a large body of research that supports the relationship between phonological skills and reading acquisition. Phonemic awareness is the conscious awareness that words consist of individual sounds (Snider, 1997) and this has been shown to be a strong predictor of later reading achievement. Phonemic segmentation has been shown to play an important role in reading acquisition and spelling skills. A language with a one to one sound symbol correspondence and phonetic regularity such as Kannada and other Indian Languages (e.g. Hindi) would likely enhance phonemic awareness and therefore facilitate reading acquisition and achievement compared to children learning a language with irregular orthography such as English.

Comparing readers of Kannada to readers of English is comparing two languages that have dissimilar orthography. Misreadings in English tend to occur due to the complexity of vowel representation (e.g. *I read that book, She likes to read and That is a bright red*), however there should be a lower frequency of errors in reading in Kannada due to a more consistent representation of vowels. This study compared three groups of children. Monolingual children enrolled in the third grade in the United States, bilingual children enrolled in the third grade (in Bangalore, India) in an English medium school who were first taught to read English and children enrolled in third grade (in Bangalore, India) in a Kannada medium school who were first taught to read Kannada. The children were presented with a list of words that were selected from each language based on their complexity.

The results revealed that the children learning Kannada made significantly fewer reading errors than both the English groups.

- The children learning English in the U.S. made most number of syllable additions as well as syllable deletions compared to the other two groups.
- The children learning Kannada in India made the fewest number of syllable deletions and additions.
- In addition, the Kannada children made fewer errors in reading vowels than both English reading groups.

Based on the results, it was concluded that children learning a phonetically regular language made fewer decoding errors than children learning to read a phonetically irregular script. This was found to be true across cultures and countries. Most of the differences found were between languages and not between cultural influences on the language

This was a preliminary study to determine the presence of differences in decoding errors between two different languages. The results indicate that differences do exist and just maybe EuroEnglish may be an improvement? It would certainly save a lot of children quite a bit of time and effort while learning to read and write. In addition, teaching English as a second language mit mak mor sens tu! In the meantime, there is spell check.

References

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About the Author



Arpana Lingaraj is a clinical supervisor at the University of Maryland, College Park. Prior to this, Arpana worked at the Johns Hopkins University Hospital. Her main areas of interest are aphasia and adult neurogenics.

Effects of aspirin on distortion product microstructure: Interpreted by the two source model for DPOAE generation

Aparna Rao, Ph.D.
University of Minnesota

Stimulation of the cochlea using two pure tones (f_1 and f_2) results in the generation of distortion-product otoacoustic emissions (DPOAEs). When DPOAEs are obtained at very closely spaced frequency intervals, a variation of DPOAE level is seen as a function of frequency. This variation is termed as fine structure or microstructure. Research in the past decade has contributed immensely to our understanding of DPOAE microstructure in the human ear. In summary, the interaction of two main components is believed to contribute to the microstructure of the $2f_1-f_2$ DPOAE, those being, the nonlinear component (also called the overlap component or the distortion source component) and the reflection component (also called the characteristic frequency component or the later reflection component) (see Kalluri & Shera, 2001).

The goal of my research is to improve the utility of DPOAEs for differential diagnosis. In this preliminary study, I have focused on changes in DPOAE microstructure and components in the presence of cochlear pathology. Salicylate (aspirin) ototoxicity is known to cause reversible cochlear hearing loss and tinnitus. In the cochlea, aspirin is known to affect outer hair cell function that is responsible for the generation of OAEs. Thus aspirin ototoxicity offers us an avenue to study changes in cochlear mechanisms in the same subject before, during and after the toxicity. In a small group of 3 subjects, DPOAEs were recorded at a fixed ratio of 1.22 with f_1 around the spectral peaks of click evoked otoacoustic emissions for each subject. DPOAEs were obtained at a high level ($f_1=70$ dB SPL, $f_2=60$ dB SPL) and at a lower level ($f_1=55$ dB SPL and $f_2=40$ dB SPL). Changes in DPOAE microstructure depended on the intensity and frequency range of the primaries with greater effects seen at low intensities and in the high frequency range consistent with previous findings (Kujawa, Fallon, & Bobbin, 1992, Long & Tubis, 1988). When the maxima and minima (peaks and valleys) in the microstructure were tracked across sessions, distinct patterns emerged. The most interesting findings relate to changes seen in the nonlinear and reflection components.

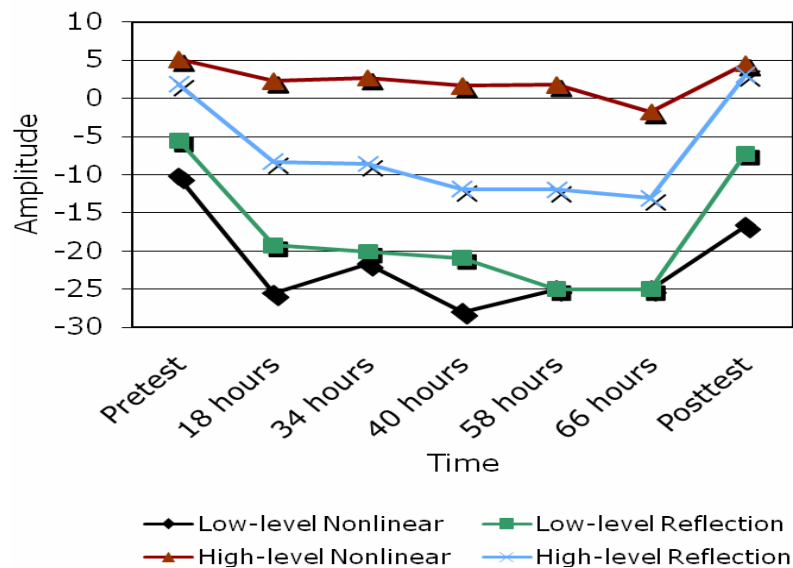
For DPOAEs obtained with low-level primaries, reductions were noted in the nonlinear as well as the reflection components, with the reflection component showing the greatest decrement. For DPOAEs obtained with high-level primaries, the nonlinear component remained stable or showed very little change. The reflection component was drastically affected. Figure 1 shows changes seen in the nonlinear and reflection components with aspirin consumption for one subject. Although the relative influence of the two components varies depending on the intensity of the primaries (see Dhar, Long, Talmadge, & Tubis, 2005), the residual component was more susceptible to aspirin ototoxicity. Results suggest that aspirin has less of an effect on the nonlinear component, especially at high intensities. These results highlight the importance of analyzing DPOAE components in order to understand changes in cochlear mechanisms in the presence of pathology.

References

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Figure 1a: Changes in Non-linear and Reflection Components in the Low Frequency Range



Acknowledgements

I would like to thank my mentor, Dr. Glenis Long, Professor, City University of New York for her unfailing support and encouragement. The author gratefully acknowledges the financial support received from the American-Speech-Language-Hearing Association.

About the Author

Aparna Rao is a Visiting Assistant Professor in the Department of Speech-Language-Hearing Sciences at the University of Minnesota. She can be contacted at raoxx098@umn.edu.

How can you be involved in multicultural issues¹?

- **Networking** with other ASHA members and spreading your diverse perspective and ideas throughout the organization
- **Impacting** your area of clinical or professional specialty and making a difference
- **Representing** your multicultural constituency group (such as the AIC), Division 14 or other Special Interest Group
- **Influencing** ASHA members and the Association with your cultural expertise, richness, and competence

¹ Adapted from <http://asha.org/about/leadership-projects/multicultural/opportunities/ABC.htm>. Retrieved on November 6, 2008.

- **Teaching** friends and other constituents about multiculturalism within the academic and clinical aspects of the professions
- **Expanding** your cultural competence and learning from colleagues and clients from a variety of culturally and linguistically diverse backgrounds
- **Infusing** multicultural information into coursework and clinical procedures thus impacting the future practices of the professions
- **Contributing** to the development of ASHA's policies and procedures and ensuring that your ideas are represented
- **Interacting** directly with ASHA's Executive Board and other volunteer leaders governing the Association
- **Affecting** decisions of Congress and other elected officials regarding laws and regulations that have an impact on the work of audiologists, speech-language pathologists, and speech-language-hearing scientists
- **Expanding** your network of colleagues to include members from the United States and the international community

Put Your Power To Work:

- **Volunteer** to serve on an ASHA or NSSLHA Committee, Board, Working Group, etc. for the Association. To get started, just complete the volunteer pool form². Completing this form will make you available to the various ASHA committees and sub-committees looking for volunteers to find you.
- **Read and react** and let your ideas be heard through the Peer Review mechanism available for ASHA's policy documents³. Recently the MIB's position statement on Cultural Competence in Professional Service Delivery.
- **Contact** your State Association to volunteer on committees, boards and get involved in your state's activities such as the state Diversity or Multicultural Committee or Political Action Committee concerning multicultural issues.
- **Start** a CLD committee at your workplace to ensure culturally competent assessment and intervention practices.
- **Encourage** your colleagues to incorporate culturally relevant practices into their work.

AIC meeting @ ASHA in Chicago

Date: 11/21/08, Friday

Time: 5:00-6:30 PM

Location/Room: Hyatt McCormick Conference Center, CC11 B

Don't miss the raffle!!

² <http://www.asha.org/Templates/ClientLogin.aspx?ReturnUrl=123456789/eweb/startpage.aspx>

³ <http://asha.org/peer-review/>

AIC meeting @ ASHA in Chicago

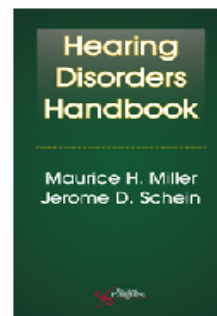
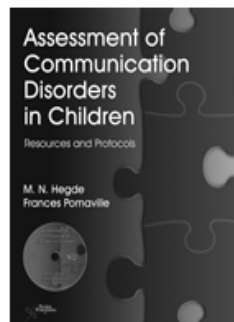
Agenda

1. Introductions and announcements
2. Visit from a representative of the Office of Multicultural Affairs (To be confirmed)
3. Updates
 - a. Bylaws
 - b. Website
 - c. Finances
4. Strategic planning for year 2009
 - a. Prioritize activities
 - b. Planning for seminar submission for ASHA 2009 convention
 - c. Planning of Special Interest Division 14 special issue on Asian Indians
 - d. Nomination for next round of office bearers
5. Social networking including raffle draw

Don't miss the raffle!!

AIC would like to acknowledge the contribution of Plural Publishing Inc. for the attractive raffle prizes:

1. Assessment of Communication Disorders in Children by M.N. Hegde and Frances Pomaville
2. Hearing Disorders Handbook by Maurice H. Miller and Jerome D. Schein



Multicultural Constituency Group (MCCG) Booth @ ASHA

AIC representatives will be present at the Multicultural Constituency Group Booth
Booth location #139

At the booth you can:

- ✓ Sign up to be a member
- ✓ Enter in the raffle for AIC meeting (as well as another MCCG raffle)
- ✓ Connect with other AIC members

We need your help in staffing the booth at the ASHA convention! Please contact us
yshah@hesp.umd.edu or sasis001@umn.edu with your availability

Multicultural constituency (MC2) groups gathering @ ASHA

Date: 11/20/08, Thursday

Time: 8:00-9:30 PM

Location/Room: Chicago Hilton, Waldorf room

Activities include:

- ✓ Introduction of all the multicultural constituent groups
- ✓ Recognition of past and current multicultural grant award recipients
- ✓ Networking opportunities

AIC Executive Board

June 2007-present

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The **Asian-Indian Caucus (AIC)** is one of six multicultural constituency groups within ASHA. It was formed in 1994 by a group of professionals committed to representing the unique needs and interests of speech-language pathologists, audiologists, and individuals with communication disorders of Asian-Indian origin. www.asianindiancaucus.org
Membership to the AIC is open to Asian-Indians working in the fields of Speech Pathology and/or Audiology in North America. To become an AIC member, please send the completed membership form (page 12) with payment to Deepa Aier. AIC annual member meetings are held in conjunction with the Annual American Speech-Language & Hearing Association convention.

Call for Contributions to Asha Kiran

ASHA KIRAN is published twice a year (Spring and Fall) by the **Asian-Indian Caucus (AIC)**.

We invite contributions for the following sections of Asha Kiran:

Spotlight on an Asian-Indian will profile an Asian-Indian professional in a field affiliated to speech and/or hearing. We welcome suggestions for potential 'spotlightees' along with their contact information, accomplishments, and reasons for featuring them.

People will feature updates on AIC members, including publications, awards, appointments, and other personal achievements. Please send updates about yourself. If you are sending updates about other AIC members, please include a statement that you have the consent of the person you are sending updates about. The write-up should not exceed 100 words.

Voices is your opportunity to express opinions, narrate experiences (at a new job, as an Asian-Indian professional, on trip back to the Asian-Indian sub-continent, etc.), respond to articles published in Asha Kiran, or raise issues that you would like AIC to address. *Voices* is an open forum for your comments. Contributions to *Voices* should not exceed 200 words.

Articles provide readers with a broad overview of current developments in research and clinical practice in speech-language and hearing. The articles should be original work, written with an eye on the diverse readership of Asha Kiran and should not exceed 500 words, including tables, figures and references.

Please contact Yasmeeen Farooqi Shah (yshah@hesp.umd.edu), Jayanthi Sasisekaran (sasis001@umn.edu), or Deepa Aier (daier@gmu.edu) for more information.

Remember...

The AIC is *your* organization and only *you* can make the changes you would like to see for Asian Indians in our profession.

Asian Indian Caucus Membership Form

Date: _____	Place: _____
Name: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> (Last) (First) </div>	
Type of Membership: <input type="checkbox"/> Professional <input type="checkbox"/> Student (Membership Cost: Professional \$ 20 Student \$ 10)	
Mailing Address _____ <div style="text-align: center;">Street</div> <hr style="width: 80%; margin: auto;"/> <div style="display: flex; justify-content: space-between; width: 80%; margin: auto;"> City State Zip </div>	
Phone: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> (Work) (Home) </div>	
Email: _____	
Professional Title: _____	
Employment Setting: <input type="checkbox"/> School <input type="checkbox"/> University <input type="checkbox"/> Hospital <input type="checkbox"/> Rehab/Agency <input type="checkbox"/> Private Practice	
Area of Specialty: _____	
ASHA Member: <input type="checkbox"/> Yes <input type="checkbox"/> No NSSLHA Member: <input type="checkbox"/> Yes <input type="checkbox"/> No <div style="display: flex; justify-content: space-around; width: 100%;"> Professional Student </div>	
ASHA Certification: <input type="checkbox"/> CCC-SLP <input type="checkbox"/> CCC- A <input type="checkbox"/> None	
If certified, do you consent to be listed as a service provider for individuals with Asian Indian origin in your geographical area? Yes/No If yes, list your area(s) of clinical expertise and sign below	
_____ (Signature)	
<p>Please include your dues (Professional: \$ 20 Student: \$ 10) along with this form and mail it to: Deepa J. Aier, Ph.D., CCC-SLP 4421 Dixie Hill Rd #301 Fairfax Virginia 22030</p>	