

Supplemental Material S1. Demographic questionnaire.

Gender: _____ Male _____ Female _____ Non-Binary _____ Prefer not to say

Please specify your race/ethnicity:

_____ Caucasian/White
_____ African American/Black
_____ Hispanic/Latino/a
_____ Asian
_____ Middle Eastern
_____ Pacific Islander
_____ Native American/Alaskan
_____ Other, please specify: _____

Is there any other information you would like to provide regarding your racial/ethnic background?

Location

Nationality _____ American
_____ Other, please specify: _____
Born U.S. citizen? _____ Yes _____ No

Languages

Native/First Language Spoken: _____
Languages spoken in the childhood home: _____
Are you bilingual? ____ Yes _____ No
Languages spoken currently: _____
Is there any other information you would like to provide regarding your language background?

Education/Certification

Highest Level of Education Achieved:
_____ Bachelor's Degree Area: _____
_____ Master's Degree Area: _____
_____ Doctoral Degree Area: _____

Speech-Language Pathology years of experience _____

School-Based Speech Pathology years of experience _____