

REFERRAL FORMSubmit this form through confidential fax – 416 925 3402
or email - childrens.registration@surreyplace.ca (password protect)

| | | |
|--------------|--------------------|--------------------|
| Client Name: | Referring S-LP/OT: | Referral Date: |
| DOB: | Clinician Email: | |
| Languages: | Clinician Phone: | SPID # (if known): |

REASON FOR REFERRAL**Select all that apply and complete applicable sections of the referral form:**

| | |
|---|---|
| <input type="checkbox"/> Face-to-Face Communication (page 3) | <input type="checkbox"/> Written Communication (page 4) |
| <input type="checkbox"/> Access to a communication aid (page 2) | |

ACWA SERVICES ARE PROVIDED THROUGH A MEDIATOR MODEL.*Please indicate the caregiver who will be the primary mediator during this service.***Client / Caregiver Contact Information**Obtained client/caregiver consent for this referral to the ACWA Program? Yes No

Client/Caregiver Name:

Relationship to client:

Phone number(s):

Client/Caregiver Address:

DIAGNOSES**The client must have a diagnosis of Intellectual Disability (unless under age 6 years)**

| | |
|--|---|
| <input type="checkbox"/> Yes, the client has a diagnosis of ID | <input type="checkbox"/> No, the client does not have a diagnosis of ID |
|--|---|

Please specify all confirmed diagnoses:

The client must be registered with Developmental Services Ontario if 16 years or older.

| | |
|---|--|
| <input type="checkbox"/> Yes, the client is registered with DSO | <input type="checkbox"/> No, the client is not registered with DSO |
|---|--|

Previous services related to referral:Has a recent assessment/consultation been completed? Yes No

Nature of services (please attach report(s) with referral):

Behavioural Concerns: Yes No

Comments:

Attention Difficulties: Yes No

Comments:

ACCESS

Surrey Place's ACWA Program is a General Level Clinic with the Assistive Devices Program. Clients must be able to directly access their communication system with their hand. Access supports available in the ACWA Program may include positioning, mounting a device, or adjusting device settings. For clients who need alternative access please refer to an Expanded Level Clinic.

Access:

Able to directly access communication system with hand Yes No

Any concerns with upper extremity and/or hand use? Yes No

If yes, please comment:

Mobility & Positioning:

Is client ambulatory? Yes No | Uses walking aid, wheelchair or seating system? Yes No

If yes, please describe (propulsion, lap tray, etc.):

Sensory Abilities:

Vision: Normal Impaired Corrected

Hearing: Normal Impaired Corrected

Sensory Seeking/Avoidant: Yes No

Comments:

FACE-TO-FACE COMMUNICATION

At Surrey Place we offer two levels of AAC support for face-to-face communication: Individual Authorizer SLPs support emerging AAC users and the ACWA Program is for those who are using more symbolic language. We have Individual Authorizers SLPs working in our Infancy & Early Childhood, Children & Youth, and Adult Programs. Please check the eligibility criteria below.

| Individual Authorizer SLP | ACWA Program |
|---|---|
| <input type="checkbox"/> Uses fewer than 20 symbols (pictures, signs, spoken words) | <input type="checkbox"/> Uses at least 20 symbols (pictures, signs, spoken words or approximations) or is able to use text to communicate |
| <input type="checkbox"/> Does not combine symbols to make phrases | <input type="checkbox"/> Combine two or more symbols to make a phrase or sentence |

| Client communicates using: | | | |
|---|--|--|-------------------------------------|
| <input type="checkbox"/> Facial Expression | <input type="checkbox"/> Vocalizations | <input type="checkbox"/> Gestures | <input type="checkbox"/> Signs |
| <input type="checkbox"/> Objects | <input type="checkbox"/> Photographs | <input type="checkbox"/> Picture Communication Symbols | <input type="checkbox"/> PECS Level |
| <input type="checkbox"/> Communication Book | <input type="checkbox"/> Speech-Generating Device (specify) | | <input type="checkbox"/> Text |
| <input type="checkbox"/> Speech/Words | # of words | Phrases/Sentences | % Intelligibility |

| Client is able to: | |
|---|--|
| Demonstrate cause & effect skills/awareness | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Demonstrate intentional communication | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Independently initiate communication | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| If using pictures, client is able to make a choice from an array of: | | | |
|--|--------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> 2 symbols | <input type="checkbox"/> 3-5 symbols | <input type="checkbox"/> 6-10 symbols | <input type="checkbox"/> More than 10 symbols |

| Client communicates to: | | | | | |
|----------------------------------|----------------------------------|---------------------------------|--|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Request | <input type="checkbox"/> Comment | <input type="checkbox"/> Refuse | <input type="checkbox"/> Direct others | <input type="checkbox"/> Question | <input type="checkbox"/> Interact |

| Client has been trialed on AAC system: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|
| Comments: | |

| Environments where AAC system is being used : | | | |
|---|---------------------------------|---|------------------------------------|
| <input type="checkbox"/> Home | <input type="checkbox"/> School | <input type="checkbox"/> Therapy Programs | <input type="checkbox"/> Community |

| Comments & Examples of current communication |
|--|
| |

WRITTEN COMMUNICATION

Clients referred for Writing Aids assessment in the ACWA Program should meet all of the following eligibility criteria:

ACWA Program Writing Aids

- Has difficulty using a regular computer system due to physical challenges
- Can communicate basic ideas spontaneously and independently (minimum 3-4 sentences of text or symbols)
- Can generate written text
- Has current everyday writing needs
- Demonstrates the desire to develop the use of writing for communication

What are your main concerns for written communication?

Fatigue Legibility Speed Other

Comments:

Client's current writing abilities:

- Pen/Pencil
- Uses a mouse
- Uses standard keyboard
- Writes words
- Writes sentences
- Uses a writing aid

What accommodations are currently being made for written communication?

Home:

School (e.g. SEA claim, specialized software):

Work:

Other:

Please describe the client's current writing needs