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www.surreyplace.ca

REFERRAL FORM

Submit 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 or approximations) spontaneously, appropriately, and independently <input type="checkbox"/> Does not combine symbols to make phrases	<input type="checkbox"/> Uses at least 20 symbols (pictures, signs, written text, spoken words or approximations) spontaneously, appropriately, and independently. <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

- | | |
|--|---|
| <input type="checkbox"/> Has difficulty using a regular computer system due to physical challenges | <input type="checkbox"/> Can communicate basic ideas spontaneously and independently (minimum 3-4 sentences of text or symbols) |
| <input type="checkbox"/> Can generate written text | <input type="checkbox"/> Has current everyday writing needs |
| <input type="checkbox"/> 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:

- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> Pen/Pencil | <input type="checkbox"/> Uses a mouse | <input type="checkbox"/> Uses standard keyboard |
| <input type="checkbox"/> Writes words | <input type="checkbox"/> Writes sentences | <input type="checkbox"/> 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