SURREY PLACE
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Children & Youth Program SLP

REFERRAL FORM

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

Client Name:	Referring S-LP:	Referral Date:
DOB:	Clinician Contact #:	
SPID# (if known):	Language(s):	

REASON FOR REFERRAL

Select all that apply and complete applicable sections of the referral form:

☐ Verbal Language (page 2)	☐ Face-to-Face AAC (page 3)
☐ Literacy (page 4)	☐ Feeding & Swallowing (page 5)

S-LP 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 S-LP services? ☐ Yes ☐ No	
Client/Caregiver Name:	
Relationship to client:	Phone number(s):
Client/Caregiver Address:	

DIAGNOSES

The client must have a diagnosis of Intellectual Disability

☐ Yes, the client has a diagnosis of ID	☐ 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.

☐ Yes, the client is registered with DSO	☐ No, the client is not registered with DSO

Previous S-LP services:

Has a recent assessment/consultation been completed? ☐ Yes ☐ No	
Nature of services (please attach report(s) with referral):	

VERBAL LANGUAGE

We offer assessment (standardized and/or non-standardized) and caregiver coaching to support development of verbal language skills at home.

Client communicates using:

☐ Facial Expression	☐ Vocalizations	☐ Gestures	☐Signs
☐ Objects	☐ Picture-Based AAC	☐ Text	☐ Echolalia
☐ Speech/Words	# of words	Phrases/Sentences	% Intelligibility

Client is able to:

Demonstrate intentional communication	☐ Yes ☐ No
Independently initiate communication	☐ Yes ☐ No

Client communicates to:

☐ Request ☐ Comment ☐ Refuse ☐ Direct others ☐ Question ☐ Interact

Receptive Language Skills (please comment)

Expressive Language & Social Skills (please comment)

Current goals & strategies used at school (please comment)

Goals for home-based consultation (please comment)

AUGMENTATIVE & ALTERNATIVE COMMUNICATION

We offer two levels of AAC support: Children & Youth SLPs support emerging AAC users and the ACWA Program is for those who are using more symbolic language. Please check the eligibility criteria below.

Children & Youth SLP	ACWA Program – please complete ACWA referral form
☐ Uses fewer than 20 symbols (pictures, signs, spoken words)	☐ Uses at least 20 symbols (pictures, signs, spoken words or approximations) or can use text to communicate
☐ Does not combine symbols to make phrases	☐ Combine two or more symbols to make a phrase or sentence

Client communicates using:

☐ Facial Expression ☐ Vocalizations ☐ Gestures ☐ Signs

☐ Objects ☐ Photographs ☐ Picture Communication Symbols ☐ PECS Level

☐ Communication Book ☐ Speech-Generating Device specify ☐ Speech/Words

Client is able to:	
Demonstrate cause & effect skills/awareness	☐ Yes ☐ No
Demonstrate intentional communication	☐ Yes ☐ No
Independently initiate communication	☐ Yes ☐ No

If using pictures, client is able to make a choice from an array of:

☐ 2 symbols ☐ 3-5 symbols ☐ 6-10 symbols ☐ More than 10 symbols

Client communicates to:

☐ Request ☐ Comment ☐ Refuse ☐ Direct others ☐ Question ☐ Interact

Comments & Examples of current communication

Environments where AAC system is being used:

☐ Home ☐ School ☐ Therapy Programs ☐ Community

Goals for home-based consultation (please comment)

LITERACY

Please note that this is a home-based consultative support, not school or tutoring support. Referrals for fine motor assessment for writing or typing should be directed to Occupational Therapy.

Print Motivation & Awareness	
Enjoys reading and/or writing	☐ Yes ☐ No
Initiates reading or writing	☐ Yes ☐ No
Understands what print is (e.g. text vs. pictures)	☐ Yes ☐ No

Phonological Awareness			
Syllables	☐ Demonstrates Awareness	☐ Segments	☐ Blends
Onset-Rime	☐ Demonstrates Awareness	☐ Segments	☐ Blends
Final Sound	☐ Demonstrates Awareness	☐ Segments	☐ Blends
Medial sounds	☐ Demonstrates Awareness	☐ Segments	☐ Blends
More complex words (e.g. clusters, multi-syllabic)	☐ Demonstrates Awareness	☐ Segments	☐ Blends

Alphabet & Letter-Sound Knowledge

☐ recites rote alphabet ☐ knows some letter names ☐ knows all letter names ☐ both upper- and lower-case

☐ knows letter-sounds ☐ sounds out words (or attempts) ☐ spells words based on sound (or attempts)

Client is reading (select all that apply)

☐ single words (phonics) ☐ sight words ☐ sentences ☐ longer passages

Client is writing (select all that apply)

☐ single words (phonics) ☐ sight words ☐ sentences ☐ longer passages

Current school literacy programming (please comment)

Goals for home-based consultation (please comment)

FEEDING & SWALLOWING

Please note that this **service does not include instrumental assessment** of swallow function. Clients with acute respiratory needs or concern for aspiration are not appropriate for referral.

Previous or current services	
Has this client been assessed previously? Please attach any reports.	☐ Yes ☐ No
Are other professionals involved to support feeding or nutrition?	☐ Yes ☐ No
Please specify other service providers:	

Areas of concern for SLP assessment (select all that apply)			
☐ Coughing	☐ Choking	☐ Food/drink spillage	☐ Chewing skills
☐ Mealtime fatigue	☐ Meal length	☐ Food/drink texture	
Please comment:			

Related areas of concern (may require referral to another professional)			
☐ picky eating	☐ self-feeding skills	☐ nutritional status	☐ mealtime behaviours
Please comment:			

Goals for home-based consultation (please comment)