SURREY PLACE

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S-LP / ACWA Program

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 Contact #:	
Language:	SPID#:	SP Program:

REASON FOR REFERRAL

IA S-LP Service (6-18 years)

- ☐ Assessment for IA level AAC system

Face-to-Face Communication

- ☐ Assessment for General Level AAC system
- ☐ Assessment of access to AAC system

Written Communication

- ☐ Assessment of use of computer as a written communication aid
- ☐ Assessment for computer access

S-LP/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 S-LP/ACWA 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 (unless under age 6 years)

☐ 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

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Previous S-LP or OT services:

Has a recent assessment/consultation been completed? ☐ Yes ☐ No

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

Access:

Able to directly access communication system with hand ☐ Yes ☐ No

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:

Behavioural Concerns: ☐ Yes ☐ No

Comments:

Attention Difficulties: ☐ Yes ☐ No

Comments:

Literacy Skills: ☐ Recognizes Letters ☐ Sight Words ☐ Able to decode

Comments:

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FACE-TO-FACE COMMUNICATION:

Client communicates using:

☐ Facial Expression ☐ Vocalizations ☐ Gestures ☐ Signs

☐ Objects ☐ Photographs ☐ Picture Communication Symbols ☐ PECS Level

☐ Communication Book ☐ Speech-Generating Device specify type

☐ Speech/Words # of words Phrases/Sentences % Intelligibility

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 uses pictures/signs/words to communicate independently and functionally ☐ Yes ☐ No

☐ Less than 20 symbols ☐ 20-50 symbols ☐ More than 50 symbols

Client independently combines 2 or more pictures/signs/words: ☐ Yes ☐ No

Comments & examples:

Client communicates to:

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

Client has been trialed on AAC system: ☐ Yes ☐ No

Comments:

Environments where AAC system is being used :

☐ Home ☐ School ☐ Day Program ☐ Community

Client has communication needs in the home environment that are not met by their current communication system? ☐ Yes ☐ No

Comments:

Signature of Referring Clinician

Date

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WRITTEN COMMUNICATION:

Client's current writing abilities:

☐ Pen/Pencil ☐ Uses a mouse ☐ Uses standard keyboard

☐ Writes words ☐ Writes sentences ☐ Uses a writing aid

Comments (handwriting, legibility, fatigue, etc.):

What are your main concerns for written communication?

☐ Fatigue ☐ Legibility ☐ Speed ☐ Other

Comments:

What accommodations are currently being made for written communication?

☐ Home:

☐ School (e.g. SEA claims):

☐ Work:

☐ Other:

Does the client have current, everyday writing needs? ☐ Yes ☐ No

Comments & examples:

Signature of Referring Clinician

Date