SURREY PLACE
2 Surrey Place, Toronto ON M5S 2C2
T: 416-925-5141
www.surreyplace.ca

ACWA Program

REFERRAL FORM

Please visit the ACWA Program page on our website, www.surreyplace.ca and use the Inquire Online button to upload your referral.

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:

☐ Face-to-Face Communication (page 3)	☐ Written Communication (page 4)
☐ Access supports for 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)

☐ 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 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 - client must meet these criteria to proceed
☐ Uses fewer than 20 symbols (pictures, signs, spoken words or approximations) spontaneously, appropriately, and independently ☐ Does not combine symbols to make phrases **Do not proceed with ACWA Referral. Please consider referring to another program for AAC supports.**	☐ Uses at least 20 symbols (pictures, signs, written text, spoken words or approximations) **spontaneously, appropriately, and independently.** ☐ 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) ☐ Text

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

If using pictures, client is able to select 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

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

Comments:

Environments where AAC system is being used :

☐ Home ☐ School ☐ Therapy Programs ☐ 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