

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**

<p><b>IA S-LP Service ( 6-18 years)</b></p> <p>Assessment for IA level AAC system</p>	<p><b>Face-to-Face Communication</b></p> <p>Assessment for General Level AAC system                  Assessment of access to AAC system</p>	<p><b>Written Communication</b></p> <p>Assessment of use of computer as a written communication aid                  Assessment for computer access</p>
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**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



**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

**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
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Comments:

**What accommodations are currently being made for written communication?**

Home:

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School (e.g. SEA claims):

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Work:

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Other:

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

Comments & examples:

\_\_\_\_\_  
Signature of Referring Clinician

\_\_\_\_\_  
Date