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About Our Clinic

What is the Augmentative Communication Services (ACS) Clinic?

ACS provides services for children and youth aged 0-19 years old whose communication, either written or verbal, is not meeting their daily needs at home. We help provide specialized equipment to those who are in need of augmentative and alternative methods of communication (AAC).

Who works at the ACS Clinic?

ACS staff have specialized skills in the area of augmentative and alternative communication. They are:

- Speech-Language Pathologists (S-LP)
- Occupational Therapists (OT)
- Communicative Disorders Assistants (CDA)
- Therapy Assistants (TA)
- Technicians

You may also work with a Team Leader and Administrative Support staff.

Who can refer?

Referrals to ACS are accepted from parents, physicians, therapists, school staff or community service providers with a parent/guardian consent. Referral forms can be found on the “How to Refer” section of the website. (<http://kidsinclusive.ca/services-and-programs/how-to-refer/>).

If your child has previously been seen in the ACS clinic for face to face communication or writing aids and their device is no longer meeting their basic communication needs at home, please fill out the corresponding re-referral form found on the “How to Refer” section of the website. (<http://kidsinclusive.ca/services-and-programs/how-to-refer/>).

What to expect:

There are six general stages to the ACS process:

1. Referral
2. eLearning Modules
3. Assessment
4. Delivery
5. Training
6. Discharge

These stages are discussed in our eLearning Module called “What to Expect”. If you have not already viewed this module, we highly recommend you review it (and the other eLearning Modules on our website) before your initial assessment. When you come for your first assessment, please make sure to:

- Review all the eLearning Modules
- Identify a Communication Coach
- Tell us if you can't come to the assessment or will not be on time.
- Bring your child with you for the assessment.
- Bring any motivators that work for your child and any communication/writing devices you are using right now.

Where will the assessment take place?

Typically at the ACS clinic at KidsInclusive; however, in certain circumstances your child's therapist can work with you to find an appropriate alternative location.

What if my child doesn't participate or cooperate during the assessment?

Assessments may take multiple appointments. Your clinician may discuss continuing the assessment in a more comfortable setting (i.e., school, home, etc.). Before the assessment, your clinician will gather information

about activities that your child might like to do during the assessment to increase the likelihood that they will participate.

Is there a cost involved?

- No fee is charged for services provided at KidsInclusive.
- There is a cost associated with all communication systems that are purchased or leased.
- If eligible, the Assistive Devices Program (ADP) through the Ministry of Health and Long Term Care provides funding for a portion of the cost of eligible equipment.
- The remaining cost (client portion) is paid by the client/family or may be paid by a third party [i.e., Assistance for Children with Severe Disabilities (ACSD), Easter Seals Society, Muscular Dystrophy Association, etc.]. You can discuss funding options with your therapist.

Who is responsible for getting the client portion funded?

Funding is a joint effort between the therapist (OT or SLP) and the family.

General AAC Questions

What is AAC?

Augmentative and alternative communication (AAC) refers to communication tools and techniques used to supplement communication for people who have difficulty speaking or writing. In some cases, these tools may only need to be used for a short period of time, and in other cases, they may be needed long term.

If my child uses augmentative communication, will it slow down their speech or stop them from talking?

In our experience, children will use their speech to communicate when it is most functional and efficient, regardless of whether they have an augmentative communication system/device or not. The AAC device may help children clarify their message, build sentences and reduce frustration as they continue to learn.

Are there any “prerequisites” (i.e., age or cognition) for using AAC?

- No. Anyone can use AAC and there are no known cognitive prerequisites.
- Children of a variety of ages can benefit from AAC. Early intervention is best.
- It’s helpful if the child is demonstrating an ability to initiate communication in any form (i.e., looking toward an object they want, using gestures or facial expressions)

Why is AAC important if the child doesn’t seem to be communicating on their own?

- Can reduce frustration and behaviours.
- Provide them with words/language using for things they want to talk about.
- Help you and your child communicate about shared interests.
- Help to surround your child with language and introduce another way to communicate.
- Important for building relationships with family and friends.

He understands everything I say and I can understand everything he says. Why does he need an augmentative communication system?

- Others may not understand your child as well as you do
- You will not always be there to translate

- Communicating with their peers and other adults is a life skill

What is 'writing aids' communication?

A writing aid is a device to replace or augment written communication.

What is 'face to face' communication?

A system to replace or augment spoken/verbal communication. This is also referred to as a 'Speech Aid'.

Device Questions

What is the "best" AAC device for my child/situation?

- Each child is unique and may use more than one method of communication (i.e., communication book and speech)
- It may depend on who your child is communicating with
- This will be determined together with your therapist

We are a busy family – when should we use this communication system?

The communication system is your child's voice so it should be available to use whenever he/she wants it. At first the communication device may not feel natural. Try to find opportunities during the day for your child to communicate (i.e. requesting food at mealtime, choosing an activity or toy to play with or commenting on whether they liked something).

How long will it take for my child to get his/her communication equipment?

Between assessment and delivery of communication equipment it could be anywhere between 1-3 months.

While my child is waiting, should we buy a communication device?

Consider the following before purchasing a device:

- You will not be reimbursed from ADP (discuss with your therapist)
- It may not be the "best" AAC device for your child
- It may frustrate your child if not set up properly

How do I select the vocabulary on a child's communication system?

- Words should be based on what your child wants to communicate
- Consider your child's level now, but also consider growth (i.e., Single words vs. building a sentence)
- This may change over time as your child learns to read and spell
- The ACS team (Speech-Language Pathologist, Therapy Assistant) will help you

Teachers Ask:

How can I possibly have any time to work on communication skills when I already have a full curriculum?

It's best if you incorporate communication into your current classroom activities. You don't have to make a special "communication time" in your busy schedule. Consider your current curriculum and brainstorm new opportunities for your student to communicate. ACS Clinicians or school board S-LPs can assist school staff with this.

Where can I find more resources about AAC and/or our clinic?

Please find our ACS Resources document on our website for links to websites, tip sheets, books and courses that may be helpful to you while you wait for service. If you have not already done so, we also strongly encourage you to watch our eLearning modules on the ACS section of the website to learn more about our clinic and the services we provide. Watching the modules will better prepare you for your appointments.

References

This document was compiled by referencing many of our fellow CTC FAQs, websites and resources, as well as through our own ACS team's knowledge and experience. We thank the following organizations for sharing their resources:

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