

KidsInclusive# _____

REFERRAL FORM - AUGMENTATIVE COMMUNICATION SERVICES

Directions: Section 1 & 2 must be completed

Section 3 – complete for a Writing Aid referral. (If the person being referred is a student and requiring equipment at school to assist with writing, please have the school complete a Special Equipment Amount (SEA) Request)

Section 4 & 5 – complete for a Face to Face (speech) referral

Complete all for a combined assessment referral

Once completed please return to: Augmentative Communication Services- Attention: Intake Coordinator

Section 1: Patient Demographics

Last Name: _____ First Name: _____

Date of Birth: _____ Gender: _____ Diagnosis: _____

Address: _____ City: _____

Postal Code: _____ Home Phone #: _____

HC #: _____ VC: _____ Expiry Date: _____ Family Physician: _____

School: _____ Grade: _____

Father /Guardian Last Name: _____ First Name: _____

Mother/Guardian Last Name: _____ First Name: _____

Cell Phone#: _____ (mom/dad) Work #: _____ (mom/dad)

Mailing Address (if not the same as child's): _____

Name of Person Referring: _____ Phone #: _____

Referral Source Address: _____

I am aware of and agree to this referral:

Parent/Legal Guardian Signature: _____ Date: _____

Date verbal consent given (if KidsInclusive client): _____

Section 2: Previous Assessments

Please provide any reports (SLP, OT, Psychology, Letter of Diagnosis)

<u>Type of Assessment</u>	<u>Name of Physician/Therapist</u>	<u>Location</u>	<u>Date completed</u>
Medical with Diagnosis			
Speech-Language			
Occupational Therapy			
Psychology			
Hearing Hearing Aids	Yes ____ No ____		
Vision Glasses	Yes ____ No ____		

What other agencies are involved with the child?

Facilitator: Please indicate who will facilitate the use of the prescribed equipment
(The facilitator will assist with the training and use of the equipment by the child/student.)

In the home: _____
Name relationship to client

At school (if applicable): _____

Section 3: WRITING AID REFERRAL

Please check all of the appropriate responses below:

Ambulatory Ambulatory with Assistance Wheelchair Walker Crutches

Sitting Balance: Independent Independent with arm or back support

Special seating required Please describe: _____

Individual uses written communication at the following level:

Knows alphabet Copies words Spontaneously writes words Spontaneously writes sentences

Individual completes written assignments:

Independently Uses an EA to write for the individual Other: _____

Does the school have computers that are accessible for the individual? Yes No

What is the individual using the computer for? _____

What kind of computer is the child accessing? PC MAC Laptop Desktop

Has the individual been exposed to formal keyboarding? Yes No

Can the individual use a mouse? Yes No

Is anyone in the family familiar with computers? Yes No

What are the writing needs at home? Email Daily Journal Letters Schoolwork

Cards & Banners Banking Volunteer Work Other: _____

What are the difficulties in handwriting? Slow Fatigue Pain Poor legibility

Poor spelling Difficulties in idea generation Other: _____

What are your expectations from an assessment at ACS for this individual's written communication?

What are the facilitators (parents, teachers, EAs, etc.) expectations surrounding their role and time commitment?

Please provide a sample of the individual's written work (attach a separate page)

How long did it take them to complete this work? _____

How many cues/reminders/prompts did they require to complete the task?

Section 4: FACE TO FACE (SPEECH) REFERRAL

Relationship to client: _____

Please describe how your child/student is currently communicating:

Speech: Yes No _____

If your child/student has some speech, how many words on average are they using? _____

Please fill out this chart and check all that apply.

Who can understand your child's speech and how well?	Always	Sometimes	Never
Close family members			
Teachers			
Peers/friends			
Unfamiliar persons			

Gestures: Yes No _____

Pointing to desired object: Yes No _____

Pointing to pictures: Yes No _____

Leading caregiver by the hand to desired object: Yes No _____

Facial expression: Yes No _____

Other: _____

Does your child/student respond to questions that can be answered with 'yes' or 'no' (e.g. "are you hungry")? Yes No How does he/she express 'yes' or 'no'? _____

What does your child/student do when his/her message is not understood? Please explain (e.g. repeats same message, modifies message, stops trying to communicate, gets frustrated, cries etc .) _____

Does your child/student use a computer/tablet independently? Please describe. _____

What type of alternative/augmentative communication intervention has been tried?

Sign Language Approximate number of signs _____

Picture Symbols (e.g. communication books or boards) _____

Picture Exchange Communication System (PECS) Specify phase of PECS: _____

Communication Device (e.g. Big Mac, GoTalk) _____

Other _____

Was this successful? Yes No If not, why? _____

What are your goals in terms of your child's/student's communication? _____

Section 5: ELIGIBILITY QUESTIONNAIRE - FACE-TO-FACE (SPEECH) COMMUNICATION

Name of person answering questionnaire: _____

Relationship to client: _____

Please answer the following:	Yes	No
Does individual understand cause-effect (eg: reliably & consistently activates a switch toy or plays appropriately with a pop-up or wind-up toy, intentionally knocks over a block tower)?		
Does individual demonstrate a desire to communicate in at least some situations or with some people?		
Does individual intentionally use signals (vocalization, gesture, movement, etc) to get attention, to accept or reject something that is offered, to request that a preferred activity continue after a pause, to request that a non-preferred activity stop, and/or to express likes and dislikes?		
Does individual intentionally request objects by touching, pointing, reaching, looking at or giving them to someone?		
Does individual request help by bringing an object to someone or manipulating that person directly (eg: taking their hand and placing it on a jar to get them to open it)?		
Does individual choose between 2 actual objects that are offered? (eg: reaches/points/looks at the one he wants when you hold out a cookie and an apple)		
Does individual intentionally use a symbol (sign, photo, picture, word) to get attention, to request a specific object or activity, to request help, to ask that a preferred activity continue or that a disliked activity stop?		
Does individual discriminate familiar symbols from an array of 2 (eg: match an object to the corresponding symbol, or point to the symbol when asked "Show me the...")?		
Does individual choose an object or activity by selecting the corresponding symbol from an array of 2? (may select by reaching, touching, pointing, looking at or giving symbols)		
Does individual use 10 symbols (signs, photos, pictures, words) intentionally, appropriately and spontaneously?		

If **NO** to most of these questions then client will be deferred back to their community SLP.